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Importance of the Study of Legal Medicine. A Lecture, introductory to the Course on Medical Jurisprudence at the New York Medical College. By JAMES WYNNE, M.D.

The facts to which I shall invite your attention in the course of lectures it becomes my province to pronounce to you, possess an importance that cannot well be over-estimated, and demand at your hands the most careful and rigid investigation. Indeed it is quite possible that your character as medical men may be fixed, in the community in which you may take up your residence, by the extent of information you may possess in the first médico-legal case to which you are called, and in the absence of regularly established officers for this purpose, this may occur immediately upon your entrance into your professional career. "The duties of the physician or surgeon," remarks Beck, "are not bounded by his responsible and interesting attendance on the sick. He is often called upon to exercise other functions His opinion is desired in cases of sudden death, of grievous bodily or mental injury, or on the nature of particular diseases and affections. This, indeed, is the natural result of a proper regard for the interests of society. Whenever the importance of equal laws becomes fully recognized in a country, and the necessity of distributing

impartial justice fully understood, it will soon suggest itself to the legislator that if evidence is required, it should be of the most unexceptionable and satisfactory character. When the controversy originated in mercantile disputes, the opinions of merchants were of course sought for, and depended on, and their customs and usages have indeed become a part of the statutes of various countries. So also when unexpected death followed from known or supposed injury, when the suspicion of violence entered into the list of causes, it was natural that sooner or later those should be called upon to testify, whose ordinary studies and pursuits best enabled them to decide.* Such a conclusion appears to flow inevitably from the very principles upon which law is based. In this great and comprehensive department of human knowledge, man is regarded, not with a view to these physical characteristics, which it is the province of medicine to contemplate, but for the purpose of determining those moral tendencies that effect him in his relations to society, and hence he is considered not so much in his individual as his social capacity, and as constituting one of a community to which he is under certain obligations, and from which he derives corresponding advantages. Now, one of the chief objects of legal medicine is to aid the law so far as medicine and its collateral branches are concerned, in determining, whenever a violation of these obligations are suspected, the extent of the culpability of the individual, by a development of such circumstances as medicine alone is competent to unravel. Thus, when an offence involving a medico-legal question has been committed, the mere matter of fact may be as correctly stated by any intelligent observer as a medical man; but the many questions apparently trivial to others, which are nevertheless of great importance in the investigation of the case, together with the inferences to be deduced from them, peculiarly belong to the province of the medical jurist, whose previous studies and preparation of mind enables him to bestow upon them their just value, and bearing upon the case under investigation. "He is supposed, and rightly and justly supposed," observes Dr. Forbes Winslow, in reply to some strictures made by Mr. Warren, the eminent barrister, and author of the *Diary of a Physician*, in his review of Townsend's *Modern State Trials*, in Blackwood, in 1851, upon the value of medical testimony, as developed in the case of MacNaughton—"by education, study, reflection and enlarged experience, to be capable of enlightening the court and the jury upon matters upon which they are necessarily but

* Beck's *Medical Jurisprudence*, vol. 2, p. 895.

superficially acquainted, and he is subpoenaed to give the benefit of his scientific knowledge in cases involving the questions of LIFE and DEATH."* This position, assumed by Dr. Winslow for medical witnesses and medical experience, has usually been accorded to them by the most learned judges; thus when a medical man at Lincoln flipantly replied to a question, by slighting the information obtained from medical writers, saying that the writers of books would advance anything, Chief Justice Dallas, with great propriety, severely reprimanded the witness, and declared that he would not sit in a court of justice and hear science reviled and the recorded researches of the medical world represented by ignorant tongues as leading to uncertainty.†

A surgeon is called to attend a person who has received a grievous wound; his chief business in this capacity is to ascertain the nature of the wound, so far as it offers hopes of remedial aid, and to apply such means as will most effectually secure a favorable termination; but in his capacity as a medical jurist, he will consider the circumstances and direction of the wound as affording a clue to the manner in which it was inflicted. Thus Fodére and Orfila have laid down the opinion, that where incised wounds are self-inflicted their direction is generally from left to right, either in a straight line, or obliquely from above downwards; and in the event of stabs and punctured wounds, from right to left, and from above downwards. In the case of left-handed persons these positions will be reversed. It often occurs that the circumstances exhibited by the wound are such as to leave great doubt as to the mode in which it was inflicted. Poilroux mentions the case of a laborer, who, when last seen alive, was conducting an ass loaded with wheat, near Castellana, in France; he was found dead at the foot of a precipice, beside the main road. The ass, who had fallen, was still living. The body of the man presented a number of irregular wounds and contusions, and a fracture of the under jaw and clavicle.

The general conclusion was, that the ass had stumbled over the rocks, and that the driver had lost his balance in attempting to recover him, and thus both fell over the precipice together. But a bonnet was discovered at the place of the accident, which did not belong to deceased, which led to a still further investigation, which resulted in the discovery of three or four incised wounds on the back of the head and neck, perfectly regular in shape, and evidently made by a sharp cutting instrument. Other wounds of the same description were found on the

* Winslow's Psychological Journal, vol. 4, p. 574.

† London Medical and Surgical Journal, vol. 6, p. 421.

chest, but the hands and arms were uninjured, except a slight excoriation on the finger. The inference was conclusive, that he had been murdered before falling over the rocks. It was now remembered that a neighbor, of violent and revengeful temper, was on bad terms with the murdered man. These circumstances led to his arrest; he was tried, found guilty, and executed.*

In the case of Donnelly, who was tried and executed for the murder of Moses, the question of suicide was raised, and rejected on account of the severity of the wound, which produced death by bleeding from the deep thyroid artery. Dr. Finnell in July last exhibited to the members of Pathological Society the cervical vertebra of a man who had come to his death in a precisely similar manner to Moses, but, as was alleged, by suicide. He was an intemperate man, and while laboring under delirium tremens is supposed to have arisen at night and plunged a shoemaker's knife into his throat with such violence that it was found impacted in the vertebra, and then returned to bed; in this state he was found in the morning by his wife, who was sleeping by his side. I have not sufficient evidence before me to determine whether the deceased died of a self-inflicted wound or otherwise.†

In medico-legal investigations too much caution cannot be observed, as illustrated by the following case: Mr. Prelet, who resided at Chambéry, died suddenly on the night of the 13th of January, 1842, after having supped with his nephew. He was buried on the 16th. Two days after the civil authorities received an anonymous note, declaring that Prelet had been poisoned by his nephew with prussic acid. On the receipt of this note, the authorities caused his body to be exhumed and subjected to an examination, with the view to ascertain the truth or falsity of this charge. The two medical men who were selected to conduct this examination, declared that they had discovered the prussic acid, which had been given to him in wine. Upon this testimony the nephew was condemned, but the defence obtained a stay of judgment in order to invoke the aid of the celebrated Orfila. This learned toxicologist, after a full investigation, decided that the patient had died of unequivocal symptoms of apoplexy, and that the medical men who had made the first examination were in fault in sup-

* Poilroux Med. Legale Criminelle, p. 97.

† Had this case been on record at the time of Donnelly's trial, it would have furnished his counsel with a formidable argument to sustain the theory of the suicide of the deceased. In the Burdel murder suit, the character of the wounds, as developed by the testimony of Prof. Carnochan, Dr. Francis, and others, doubtless exercised a material influence over the minds of the jury.

† American Med. Monthly, vol. 10, p. 62.

posing that they had detected prussic acid in the parts of the body subjected by them to chemical analysis. The nephew was accordingly acquitted.* Mistakes in cases of poison are of frequent occurrence, owing to the great skill often required to detect them; and no one who has not a thorough acquaintance with the different tests, should give an opinion involving the life of a fellow-being, without obtaining such aid as to remove as far as possible the doubt which too frequently envelopes the case.

Different codes for the conduct of medico-legal investigations exist in different countries. Among the most celebrated of these is the criminal code formed by the Emperor, Charles V., at Ratisbon, in 1532, which was speedily followed by the adoption of similar ones in France and other European countries. The Prussian code requires the States Physician to make post-mortem examinations, and institute such medico-legal investigations relative to lesions and injuries to living persons, or affections of mind and body of those presented to his consideration, as the nature of the case may warrant.† In order to fit those who are hereafter to assume these duties, a school of medical jurisprudence is established, in connection with the University of Berlin, over which Dr. Wagner presides, and in which Dr. Casper, the eminent statistician and writer on forensic medicine, is a professor. The care taken to exercise the pupils in the practical branches of their art is evidenced by the great number of cases of post-mortem and other examinations recorded in Dr. Casper's work, over which he exercised a personal supervision.

"A supreme medical and sanitary council or college exists in the capital of each kingdom or state, forming part of the ministry for the interior, and is presided over by the Minister of Public Instruction. The central council at the seat of government superintends all medical affairs, and has the supervision of all the provincial and district medical colleges or sanitary boards. To take an example: the supreme Medical Board of Berlin consists of certain members, appointed for three years, and eligible for re-appointment. Of these, the majority are medical men; the following nine well-known names being those of the medical members of the supreme college of medical and sanitary affairs in Berlin: Klug, Köner, Horn, Link, Kluge, Wagner, Mitscherlick, Casper and Froriep."‡ The most active agent of these

* *Annales d'Hygiène et Méd. Lég.*, vol. 26, p. 397; vol. 29, p. 103.

† *London Medical Gazette*, vol. 13, p. 952.

‡ *British and Foreign Medico-Chirurgical Review*, vol. 18, p. 367.

councils is the *stadt-physicus*, or state physician, to a portion of whose duties allusion has already been made. He is, in fact, the special agent to whom is confided the investigation of all medico-legal questions, and is always liable to the call of the legal tribunal having cognizance over these subjects.

Should the case involve any complications, or be shadowed with doubt, the report of the examining physician, together with all other depositions, is forwarded to the Provincial Council, which, if unable to solve the question, refers it to the still higher authority of the Supreme Council at Berlin.

"The forensic duties of the *physicus* are under the direction of the supreme judicial courts and of the police authorities of the district, or a local magistrate. With the assistant forensic surgeon, the *physicus*, in the event of a sudden or violent death, is required to repair, without loss of time, to the spot where the body is to be examined. The judicial inspection is required to be made according to special instructions issued to that end. In cases of poisoning or adulteration of food, the *physicus* shall very carefully and scrupulously investigate the case, with the assistance of a qualified apothecary; a conjoint report shall be signed by these three officers, viz., the *physicus*, the surgeon and apothecary; not only to verify the truth thereof, but also to divide the responsibility of the consequences that may thence follow."*

In Austria "a code of regulations is published, by which all medico-judiciary investigations are to be conducted throughout the empire, and reports to be drawn up. Public inspections are also made on the dead bodies of those found in suspicious circumstances, and which, not being recognized at first, are carried to the dead-room in the general hospital. Due notice is given to the students at what hour such inspections are to take place, and they have thus an opportunity of seeing those regulations put into practice, which they will one day be called to fulfill."†

The Criminal Code of France (Art. 44) provides, that in case of a violent death, or of one to the cause of which suspicion may attach, the Procurer shall call to his aid one or two *officiers de santé*, who shall make to him a report on the condition of the body and the cause of death.

The Police Ordinance of 1822 provides, that whenever a person

* British and Foreign Medico-Chirurgical Review, vol. 18, p. 370.

† Quarterly Journal of Foreign Medicine and Surgery, vol. 1, p. 40.

shall be found wounded in the public highway; or in the water in a state of suffocation; or asphyxed from the effect of mephitic gases, he shall be transported to the nearest hospital or place convenient, and a skillful person employed to attempt his resuscitation, or make an examination and report of the circumstances of the case if death prove inevitable. The *officier de santé* here alluded to corresponds to the apothecary in England, and occupies a position inferior to that of the medical man in Europe, or the better class of the profession in this country.

It becomes the duty of the authorities to procure "experts" in many cases. These are not a distinct class of practitioners, but are generally selected from those who have bestowed particular care and attention upon questions of this nature. The opinion of an expert may be demanded either by the judge or the accused, before the passage of judgment, not unfrequently as in the case of Prelet, already cited, with the effect of reversing the sentence of the court. "The experts thus called into consultation do not necessarily reside in the locality where the alleged crime was committed, but may, if advisable or necessary, be summoned from a distance. Or it may happen in more grave cases, such as poisoning, assassination, &c., that there may be a difference of opinion among the experts who have investigated the affair upon the spot. Under these circumstances the magistrate addresses to the local *juge d'instruction* a *commission rogatoire*, by which he is authorized to require the opinion of certain "experts," the choice of the latter being frequently left to his discretion. The limits of the "consultation" are much less restricted than are those of the "reports," which consist simply of a statement of the facts and the conclusions. In the consultation, every fact must be discussed and fully commented upon, the commentary being strengthened by all suitable arguments, and illustrated by reference to the statements and opinions of authors. The names of the previous reporters are in all cases concealed from the consulting experts, lest the authority or the insignificance of a name should exert its undue influence upon their judgments."*

These reports constitute the ground of action, determining the abandonment or the continuance of the case; and in the latter instance assume the position of witness, usually with the effect of determining the issue of the cause.

The Sardinian Sanitary Board forms a part of the machinery of the

* British and Foreign Medico-Chirurgical Review, vol. 18, p. 377.

government, and consists of a Supreme Council of Health, and a Provincial Council for each town or district. The Supreme Council is composed of regular and honorary members, and is presided over by the Minister of the Interior. The Advocate Fiscal General, corresponding to our District Attorney, is likewise a member of this board. The whole board is composed of fifteen members, embracing some of the most eminent medical men in Turin, among whom are Ribeny, physician to the king, Maffene, Giralo, Sperino, and Abbene. Each Provincial Council consists of one physician, one surgeon, and one pharmacist. The municipal authorities appoint a medical man, who visits every deceased person, and from personal inspection ascertains the cause of death. If it be from ordinary disease, he gives a certificate, without which no burial can take place. If the case involves suspicion, he reports the facts to the local Advocate Fiscal, and if needs be the Provincial Council is called upon to investigate the matter. In cases of doubt the act of the Provincial Council, as well as the whole subject, is referred to the Supreme Council at Turin, who appoint a commission of experts to investigate carefully the whole matter. The caution with which these investigations are made acts as a salutary restraint in the prevention of crime involving the destruction of human life.

In England and in the United States these important duties, which involve so complex a machinery, and are prosecuted with such care and ability in most European States, are placed in charge of a coroner, who possesses the power to summon a jury and compel the attendance of witnesses. That this office is frequently confided to incompetent hands, in both countries, does not admit of doubt. "It would seem indispensable," remarks Beck, "that he (the coroner) be properly versed both in legal and medical knowledge, required from time to time in the discharge of his office. It cannot be denied that a full and satisfactory medico-legal examination is avoided as often as public sentiment will permit, and, even when judicially ordered, its proper objects are often thwarted or not fully accomplished. The consequences may be seen in the results of many of our criminal trials. The public mind may be deeply and permanently impressed with the guilt of individuals, yet the imperfection of the early examination has been such as to leave no option with the jury, but to release the accused."*

A report from the Select Committee of the House of Commons,

* Beck's Med. Jurisprudence, vol. 2, p. 897.

recommending the appointment of public prosecutors, whose functions should be somewhat analogous to those of District Attorneys in this country, was made in 1856, which it was supposed would cover this ground. The testimony elicited before the committee showed many evils in the present system. Lord Brougham declared it ineffectual in its provision for the prosecution of offenders, and stated that a wealthy person may not only tamper with the prosecutor, but buy off the prosecution. The committee derived their chief information from persons familiar with the jurisprudence of Scotland, Ireland and the United States, in the latter of which they obtained valuable aid from Judge Davies, the present distinguished Justice of the Superior Court, at that time on a visit to Europe. The testimony of Mr. Davies showed that each of the 56 counties in this state has a special public prosecutor, called District Attorney, who is amenable to the Attorney General of the State. Yet the recent trials for capital offences, and the large number of flagrant crimes which have gone unpunished of late years, show how ineffectual this system is for the detection of crime and the preservation of order. So far as the recommendations of the committee go, they do not contemplate that incipient mode of detecting crime, which it is the peculiar province of the laws of Continental States to develope, and upon which the future conduct of the case generally depends.

Surgeon Craig, in a pamphlet on the Law of the Coroner, and on medical evidence in the preliminary investigation in criminal cases in Scotland, published in 1855, shows that the office of the Procurator Fiscal has no more influence over these important preliminary investigations, than that of the District Attorney in this country, but that the case is left to an ignorant constable to conduct.

"In all cases of sudden death," he says, "the district constable repairs to the place where it has occurred, collects information, and sends off a report immediately to the superintendent; and in cases of rape, child-murder, or concealment of pregnancy, the *constable* is to ascertain, with precision, all appearances exhibited, such as marks of feet, blood, &c. &c. If there be any circumstance calculated to raise ground of suspicion as to the death, such as external marks of violence, bruises, fractures, &c., the constable is to apply to the nearest medical man, without delay, and after examination is to obtain a certificate and forward it immediately to the superintendent. In all cases of serious assault, the constable, without delay, procures the assistance of the nearest medical man, and sends off a report, as above described, and instructions are given as to what circumstances the medical man is to certify.

"Upon receiving such a report, it is laid by the superintendent before the procurator fiscal of the county, who either acts upon his own responsibility, or occasionally takes a fresh precognition, and prepares a case to submit to the crown agent, to whom the police reports are frequently sent, and whose instructions are thereafter acted upon."

It is earnestly to be hoped that the day is not far distant when both England and the United States, profiting by the enlightened example of France, Austria, Prussia, and Sardinia, will so amend their codes of Criminal Jurisprudence as to place these important preliminary investigations in the hands of competent and able officials, whose high character will be a guarantee for the faithful performance of their responsible duties, and that men equally skilled in medico-legal researches with MM. Gaultier de Claubry, Chevallier, Tardieu, Orfila, Wagner, and Casper, may be selected to act as experts.

As the law now stands, the coroner may summon any medical man to appear before him and give evidence as to the cause of a sudden death. It may chance that a medical man may pass through life without being so summoned, but it will not do to rest upon so vague a probability, and remain unprepared for an emergency which is possible to arise at any instant, and may place the practitioner, if unprepared, in the most unpleasant position.

In a preliminary examination before a coroner, in the case of a sudden and unexplained death, the medical witness will find that an accurate knowledge of anatomy is absolutely necessary to guide him in his investigations. This examination should be thorough, and no desire to avoid labor, or discouragement from the coroner or his jury, should prevent the medical man from prosecuting his investigations to a sufficient extent to enable him to speak positively as to the nature of the lesions he chances to discover. This is often a tedious business, especially to the coroner and his jury, who look upon the examination in too many cases as a mere matter of form, and are anxious to hurry through it and return to their usual avocations.

The necessity of a post-mortem examination is illustrated by the following case:

"Three men were tried on a charge of manslaughter. The prisoners and the deceased had been drinking together at a public house, when a quarrel arose, which ended in a battle between the deceased and one of the prisoners. The other two acted as seconds. The fight had continued for some time, when the deceased was knocked down by a severe blow on the head, and did not afterwards speak. A surgeon was sent for, but before his arrival the deceased had ex-

pired. On this trial the witness stated that he found a considerable bruise behind the ear, in the region of the mastoid process, accompanied by extravasation of blood. On being cross-examined, he admitted that he did not open the cranium, the coroner having told him that it was unnecessary. He ascribed the death of the deceased to a pressure of blood upon the brain, which, in his opinion, might have become extravasated by a blow or fall, or from extraordinary excitement. The deceased was of an apoplectic diathesis. The learned judge observed to the jury, in summing up, that the medical evidence was not sufficient to determine whether the deceased had died from the violence employed by the prisoners or from after causes. An acquittal instantly followed.*

"We cannot," (remarks the *Edinburg Med. & Surg. Journal*, vol. 14, p. 468,) "omit this opportunity of expressing our disapprobation of the conduct of coroners, who presume to interrupt the medical practitioner, called upon to examine the cause of death under suspicious circumstances; and of informing practitioners in general that as soon as the body is delivered over to them for that purpose, they are to proceed deliberately with their examination until they are satisfied. Upon this subject we quote with great satisfaction the opinion of the enlightened judge who now presides over the criminal courts of this division of the empire. Dr. Cleghorn, of Glasgow, having been examined on a trial for poison, the Lord Justice Clerk, after highly complimenting the learned professor on his luminous evidence, took occasion to impress strongly on all magistrates and the public officers present the absolute necessity of having the body of the deceased opened and examined by a medical man, in every case of suspicious death."

You cannot be too strongly imbued with the importance of a thorough acquaintance with that part of chemistry which is brought into play in toxicological examinations. The tests in cases of poisoning should be as familiar to you as the antidotes necessary to counteract the influence of poisons in the living subject. The opportunities that will be given to you to become thoroughly acquainted with this subject, by the able lecturer who fills the chair of chemistry in this institution, are such as are seldom met with in this country, and should not be neglected. The celebrated Dr. John Hunter, whose case is quoted by Sir Astley Cooper and Beck, as a lesson to all medical men, "regretted that he had not made more experiments on the subject of poisons, before giving an opinion in a court of justice."

* Taylor's *Jurisprudence*, p. 265.

In this class of cases it is always important to obtain the opinion of experts, whose studies and facilities for analyses give great and deserved weight to their opinions. The science of analytical chemistry is here of chief importance, and such men as Booth, of Philadelphia, Piggott, of Baltimore, J. Lawrence Smith, of Louisville, Blaney, of Chicago, and Campbell, Morfit, and Doremus, of this city, whose lives are devoted to this pursuit, and in which they have obtained deserved reputation, cannot be too widely known.

At the moment of making the examination, and for some time afterwards, the facts connected with the case are so vividly impressed upon the mind of the medical witness that he fancies there is no possible danger of their ever becoming less distinct. This may continue for some weeks, but it not unfrequently happens that months may transpire before he is called upon to give evidence in a court of justice. During this time other matters may have intervened to call off his attention, and when he comes to review the case in his own mind at, or immediately before, taking his place at the witness stand, he finds that his memory furnishes him with a confused and indistinct picture of things which he supposed were firmly fixed in his mind. He therefore speaks with doubt and hesitancy of the facts which are most important to the case, and under a thorough cross-examination by an astute advocate is often shown to possess too faint a knowledge of the facts to give to his testimony the weight it merits, or to bestow on himself that standing in the opinion of the court and spectators which as a scientific man he feels that he is entitled to. No one should, therefore, trust in an important case exclusively to his own memory, but take notes at the moment, which are admissible as evidence, so far as they are used merely as a means of assisting the memory, and not as a basis for the evidence given. In order to render these notes of any value, they must be taken at the time of the occurrence of the facts, and not afterwards. "On the trial of Sir A. Gordon Kinlock for the murder of his brother, the medical witness was about to give his evidence respecting the wound of which the deceased had died, from notes made some time after the event, when he was stopped by the Lord Advocate, who explained to him the law on the subject."*

In the narrative of facts the simplest and most concise language should be used, and great caution observed not to express opinions which cannot be sustained. Indeed all opinions not suggested by the facts are not only out of place, but worse than useless. A medical witness who is pressed for an answer in regard to an opinion upon

* Taylor's Medical Jurisprudence, p. 15.

which he is not positively sure, need not fear to lose cast by hesitating to reply until he shall have had time to examine the whole bearings of his answer, and to be fully assured of the certainty of its correctness. During the examination of Dr. Delafield before the Surrogate in the Parish will case, that eminent medical man did not hesitate to inform the court that the question propounded to him by the counsel was one that required time for consideration before a reply could be given. This time was awarded.

The testimony of medical men, in cases of real or supposed insanity, is often required, and frequently under circumstances calculated to place the witness in the most awkward position, unless he shall have previously fortified himself by a thorough foundation laid in a study of the psychological phenomena of insanity beforehand. It is not always easy to say what is or is not insanity. Let me present you a portrait drawn by Knaggs, in his work on unsoundness of mind:

"There was an old man well known in London during the last century, who was of an ungainly appearance, and subject to occasional attacks of hereditary melancholy; so inconsistent was he in his habits, that sometimes he practiced great abstemiousness, and at other times devoured large meals with brutish slovenliness and voracity; sometimes he would persist in drinking nothing but water, but occasionally drank wine by tumblersfull; his income was far from large, and not of a certain amount, yet he kept a set of old men and women about his house, whose bickerings and disagreements now and then drove him out of doors; he was in general very loquacious, but has been known to sit in company and drink a dozen cups of tea without speaking a syllable; when not engaged in discoursing, it was his custom to keep muttering to himself; in walking he performed strange gesticulations, and would not go in at a door unless he could effect his entry in a certain preconceived number of steps, and so as to introduce himself on a particular foot—turning back and recommencing until he succeeded as he desired; there was a row of posts near his house, which he would not pass without touching singly, and if he omitted one in the series he retraced his steps to remedy the neglect; he hoarded up orange skins for some mysterious purpose he would never divulge; he suffered remorse of conscience for having taken milk in his coffee on Good Friday; he believed in ghosts, and went ghost hunting in Cock Lane; and maintained that he heard his mother calling for him by name in the other world. Yet Dr. Johnson was so far from insane, that by common consent he was regarded as the most vigorous thinker and greatest sage of his time."*

* *Unsoundness of Mind, by Knaggs, p. 46.*

The occasions when medical evidence is required in courts of law, in reference to insanity, are thus laid down by Dr. Forbes Winslow, in his Lettsomanian Lectures delivered before the Medical Society of London, in April, 1852:

" 1st. Cases in which the plea of insanity is urged in the extenuation of crime.

" 2d. Cases where attempts are made to invalidate the legal operations of testamentary dispositions of property on the ground of mental incompetence.

" 3d. When legal proceedings are instituted to invalidate a marriage contract on the plea of insanity and imbecility.

" 4th. In commissions *de lunatico inquirendo*.

" 5th. Cases in which medical men are called upon to certify to the existence of insanity, justifying an interference with the person of the lunatic."

Each of these subjects will be considered in subsequent lectures. For the present it may suffice to say, that cases in which testimony is required, especially where insanity is alleged in excuse for crime, have largely increased of late, owing to the views which some of the ablest recent writers on mental diseases have taken in regard to moral insanity, correct enough when confined within their legitimate sphere, and exhibiting both enlarged philosophical research and philanthropic sentiments, but frequently perverted from their original purpose to shield the worst of criminals from the punishment their crimes so deservedly merit.

The term of moral insanity was first introduced into the psychological nomenclature by Dr. Prichard, and derived great weight from the high authority from which it emanated.

Dr. Winslow says, "The phrase is generally repudiated in our courts of law; it has given rise to much caviling and disputation, and its adoption has unfortunately exposed the profession to great odium and obloquy, and has, I think, very materially damaged the moral weight of medico-legal testimony. It has been asserted that the term is used with the view of protecting the criminal from just punishment, and of shielding vice, extravagance, malignity, debauchery, cruelty, crime, and brutality from the natural emotions of horror and disgust, with which such actions should be contemplated by every right-thinking and well-constituted mind."*

That this assertion is not without its force, the criminal records of the last few years bear ample testimony. This was the plea urged in

* Journal of Psychological Medicine, vol. 7, p. 427.

extenuation of the crime of homicide in the cases of Palmer and Dane, in England, and of Huntington, in the case of forgery in this country. Medical men should be exceedingly careful how their sympathies lead them to the adoption of these views in criminal trials. They should remember that insanity may be easily simulated and carried out with such tact as to require the utmost ingenuity and perseverance to discover the deception.

"I cannot conceive a position of graver responsibility," remarks Dr. Winslow, "than that assumed by a medical witness, when called upon in a court of justice to give evidence in criminal cases; let me earnestly entreat him, before discharging these solemn duties, to make himself master of all the facts of the case. He should not assume for granted the representations of those anxious to establish the insanity of the criminal; were he to do so he would occasionally be sadly deceived. He should never forget that he has a *public* as well as a *professional* duty to perform, and he is bound as a citizen of the state as well as a member of an important and learned section of society, to protect himself from the possibility of being deceived as to the facts of any given case presented to him for his opinion. He must not permit his feelings to overpower and interfere with the free and unclouded operation of his judgment; under these circumstances, every possible influence will occasionally be exercised to induce the witness to adopt a view favorable to the prisoner."*

The safety of society requires that the guilty should be punished. After the commission of the first great crime the perpetrator goes abroad not only a guilty, but a dangerous man.

The case of John Lynch, detailed in a letter addressed to Mr. Gladstone, M. P., by Mr. Justice Thery, and published in 1850, furnishes an exemplification of this point. This man was brought to trial in 1835, with others, for murder. A material witness, who was to prove that Lynch was seen on the day of the murder near the spot, was brought into court in such a state of intoxication as to render his testimony valueless, and the prisoner was acquitted. Six years afterwards this same Lynch was tried for a murder perpetrated under circumstances of great enormity, convicted and executed. Before his execution he made a confession, in which he stated that in the interval between 1835 and 1842, when he was executed, he had committed no less than ten distinct murders. In one case, he says, that after murdering the mother and her son, "none remained but a little girl. The poor little thing had never done me any injury, and I was really sorry for her. I went into

* Dr. Winslow's Lettsomian Lecture.

the hut where she remained, and I said to her—Now, my little girl, I will do for you what I have not done for the others, for you are a good girl, and shall have ten minutes to say your prayers." Here, says the magistrate, Lynch paused, as if he had a difficulty in going on; I supposed it might be a feeling of remorse, and I could easily imagine that the scene of the child begging for life must have been a most pitiable one. I therefore ended the pause by saying: "In short you killed her with the axe," to which he replied, that he did. It is unnecessary to proceed with the relations of this cold-blooded villain, or bring before you the revolting spectacle of his unoffending victims. He may have had a homicidal mania, and perhaps in a refined capital might have escaped on account of the very enormity of his crimes. But it appears to me that this kind of insanity is best treated by hangman's noose and the gallows drop. It is a mistake to suppose insanity developed in the repeated commission of crime. "If people knew," Lynch says, "how easy a thing it is to take away life, these things would happen oftener."

From the frequency of this kind of crime, of late, we are led to the belief that there are many others who have found how easy a thing it is to take away life; and it is possible for either of us to be jostled, in the thoroughfares of this great city, by those upon whose conscience rests a deed of blood. But although the guilty often escape punishment, it is nevertheless true, that, in a larger proportion of cases,

"Murder hath speech, and will declare itself
With most miraculous organ."

In cases like these the medical man not unfrequently furnishes the chief link in the testimony upon which the criminal is convicted. "It is such duties," say Sir John Forbes, "ably performed, that raise our profession to an exalted rank in the eyes of the world; that cause the vulgar, who are ever ready to exclaim against the inutility of medicine, to marvel at the mysterious power by which an atom of arsenic, mingled amid a confused mass of ingesta, can still be detected. It does more—it impresses on the minds of assassins a salutary dread of the great impossibility of escaping discovery."^{*}

Select Cases of Midwifery. BY CHARLES A. BUDD, M.D., Teacher of Obstetrics in the N. Y. Preparatory School of Medicine, etc., etc.

CASE I.—*Uræmic Convulsions—Chloroform—Forceps.* October 17th, 1856. I saw Mrs. R., in consultation with Dr. Hornsby; found

* Quarterly Journal of Foreign Medicine and Surgery, vol. 4, p. 45.

her in labor, with violent convulsions; third confinement; I ascertained that in her first accouchement she had suffered with convulsions also, and that the labor had resulted in the spontaneous delivery of a still-born child. Her second labor was rapid and favorable. She was in her third convolution when I saw her first. She was immediately put under the influence of chloroform, and kept so for about two hours, during which time the cervix uteri was undergoing the process of dilatation. During this period she had but one very slight convolution, which lasted about two minutes. I then applied the forceps; the head still being at the superior strait and in the right occipito-iliac posterior position, and delivered her of a fine healthy daughter; rotating the occiput into the concavity of the sacrum, the cord was around the neck. After she was comfortably put to bed, she took one-third of a grain of the sulphate of morphia, which quieted her; she had several slight convulsions during the day, which were readily controlled by chloroform; and about eight hours after delivery, evidences of decided cerebral congestion beginning to show themselves, I bled her to the amount of twenty ounces; this had the effect of quieting her, and about four hours afterwards, that is, about twelve hours after delivery, she showed the first signs of consciousness. For two days after, she was affected with entire suppression of urine, we being unable even to get more than a few drops through the catheter; this condition, however, yielded to spts. nitr. dulc., and the woman made a very rapid and satisfactory convalescence. The blood which was drawn, upon chemical analysis, was found loaded with urea.

P. S.—This woman was again confined during the past summer, and attended by one of our students; she had no difficulty.

CASE II.—*Convulsions, probably uræmic—Face presentation—Forceps—Chloroform.* I was engaged to attend Mrs. S. during the spring of 1857, a thin, spare, delicate woman, pregnant with her first child. At the time of engaging my services, she called my attention to an œdematosus condition of her feet and legs, with a peculiarly bloated or puffy expression about the face and eyelids, which at once awakened my suspicions, and I directed her to bring me some of her urine for analysis, which revealed the presence of albumen, and naturally rendered me apprehensive as to the result. I directed the patient to observe the ordinary hygienic rules, and to abstain entirely from an animal diet during the remainder of her pregnancy, which direction I have reason to believe was implicitly obeyed. She was taken in labor on the 12th of March, and before reaching the house I provided myself with a phial of chloroform, so as to be in readiness in case any-

thing occurred. The presentation was one of the face, with the chin to the right ilium, and the stage of dilatation was nearly completed when I first examined her. The pains were quite rapid, but not very severe; and in the course of two hours the face had descended, and the chin nearly completed its rotation under the pubic arch, when gradually the pains began to diminish in frequency and force, and for four hours matters seemed to be at a perfect stand-still, no progress being made; in fact, for this period the woman did not have one actual uterine contraction. She now began to complain of a ringing in the ears; a fullness about the head; and the expression of her eyes showed a peculiar lustre that did not please me. I immediately dispatched a messenger for instruments and assistance, and had taken up the bottle of chloroform, being about to administer it, when the patient suddenly went off into a violent convulsive paroxysm, which lasted, as nearly as I could estimate, about ten minutes, before she responded to the influence of the chloroform; and then perfect relaxation of the whole muscular system seemed to ensue; for in addition to the cessation of the muscular contortions, the woman had a profuse evacuation both from the rectum and bladder. Still, no evidence of uterine action showed itself. Her husband soon returned with the instruments, but without the gentleman whom I had sent for to assist me. I then applied the short forceps and delivered her of a daughter, which was apparently dead, but was eventually resuscitated and did well. The mother took, immediately after delivery, fifteen drops of Majendie's solution of morphia, and slept quietly and uninterruptedly for four hours; when she awoke and asked for a drink. She convalesced without a single unpleasant symptom, and was sitting up on the tenth day. She did not nurse her infant, as there was no mammary secretion.

CASE III.—*Convulsions—Apoplexy—Paralysis.* I was requested to see Mrs. M., in consultation with Dr. Bronson, on the 17th of March, 1857, and found her in the following condition: Total insensibility with obscure muscular twitchings, confined principally to the right side of the body; stertorous breathing; a flushed face; eyes suffused, pupils contracted and unaffected by light; a hard, full pulse, and labor just commencing; the os dilated to about the size of a ten cent piece, and the vertex offering in the *left occipito-iliac anterior* position. I ascertained from the doctor that during the four or five previous days he had been prescribing for an intense cephalgia, which he had treated by purgatives, and blisters to the nape of the neck. There was no anasarca, although the doctor had, a day or two

before, detected albumen in the urine. With Dr. B's concurrence, she was bled to about $\frac{5}{8}$ xviii., with the effect of softening the pulse and checking entirely the sterter. I then advised the case to be closely watched and (notwithstanding the evidences of brain trouble,) chloroform to be administered in case any convulsive twitchings made their appearance, and that delivery be effected as soon as the soft parts were in a proper condition. Dr. B., having another woman in labor at the same time (a breech case) which he was anxious for me to see, left one of his pupils, Dr. Greensword, in charge of Mrs. M., with directions to administer chloroform upon the first evidence of anything like convulsive movements. Being detained longer than we expected—it was between two and three hours before we again saw Mrs. M.—and found that she had just been delivered of a still-born son, having been under the influence of chloroform almost incessantly since we left her. Her general condition was about the same, with, perhaps, a little less edge to the pulse. The morning after delivery there was complete hemiplegia of the right side of the body, with perfect unconsciousness, in which state she continued for three days, until ptyalism had been induced by the use of calomel. She now began to show evidences of returning consciousness, and in about a month, under the administration of the iodide of potassium and a generous diet, her paralysis had entirely left her, and she was enjoying as perfect health as ever. Through the stupidity of the nurse, the blood taken was thrown away, and consequently we had no opportunity of testing it for urea. I neglected to say, that, for two days after labor, the urine was secreted in very insignificant quantities.

REMARKS.—It will be seen, on reviewing these three cases, that they all, most probably, were dependent upon a toxæmic condition for their predisposing cause, and that in case 2nd the irritation of the peripheral extremities of the uterine and vaginal nerves, occasioned by the impeded head, was evidently the exciting cause, thus combining the two great influences of centric and eccentric nervous disturbance. In case 3 there was unquestionably an apoplectic condition, superinduced by a general plethoric constitution, and probably developed by a blood poison and the parturient state, resulting in an effusion upon the brain. Another practical deduction may be drawn from the fact, that only in those cases were artificial delivery was resorted to were the children saved. Case 1, in her *first* confinement, it will be seen, was delivered by the unaided efforts of nature, and her infant was still-born. This is a point which I would, in my present way of thinking concerning convulsions, strongly insist upon, viz., the delivery

of the child so soon as it can be *safely* effected, even though it be apparent that the uterus will be able to accomplish it unassisted. A few minutes of time gained under these circumstances is, I conceive, of vital importance to the child.

CASE IV.—*Arrest of the head for sixteen hours—Forceps—Vesico-vaginal fistula.* I was called on the 5th of August, 1856, in consultation by Dr. Farrington, to see Mrs. H. in labor with her fifth child. I ascertained from the doctor that the head, which was offering in the *left occipito-iliac anterior* position, had become impeded at the inferior strait, before the movement of rotation had commenced, and had remained *in statu quo* for sixteen hours prior to my seeing her. Another practitioner had been called in some hours previously, who advised opium and patience. I found the woman much exhausted, the vagina and vulva dry, hot and sensitive, the abdomen tender to the touch, and the pulse rapid. The head was low down, with an enormous *caput-succedaneum* formed, so that I was obliged to take the doctor's assertion as regarded the position on credit, which eventually proved to be correct. I subjected her to the influence of chloroform, and applied the forceps, delivering her of a son, which bore evidences of having been dead some time. The cord was around the neck. Two days after delivery, an acute attack of vaginitis ensued, which resulted in sloughing and the formation of a vesico-vaginal fistula nearly one and a half inches in length, *at the very point where the occiput had so long impinged.* She was subsequently treated by Dr. Bronson, (who made use of his mechanical suture,) and cured by a single operation. I cite this case as an exemplification of Dr. Miller's recent aphorism: "A meddlesome midwifery is bad, but a shilly-shally midwifery is worse."

CASE V.—*Impacted head—Enormous fetus—Craniotomy.* I was requested to see Mrs. L. with Dr. Sitler, on February 19th, 1857, in her eighth confinement. She had been in hard and vigorous labor for seven hours previously, without a particle of advance being made. The head was engaged at the superior strait of the pelvis, (which was rather below the average size,) and had entered, *without flexing*, in the *right occipito-iliac anterior* position. The uterine contractions were as powerful as any I have ever witnessed. Subjecting her to the influence of chloroform, I applied the long forceps and endeavored to flex the head, but so thoroughly and completely had it become wedged, that I could not make the slightest impression upon it. I then perforated, and extracted with the crochet a *fœtus* of the following dimensions:

Length 23½ inches; weight (without the brain,) a trifle over 12 pounds; bi-trochanteric circumference 13½ inches; bis acromial circumference 16½ inches; occipito-frontal circumference (after the entire brain had been evacuated, the whole of one frontal bone gone, and all the sutures overlapping,) 14½ inches. (For full report of this case, see AMERICAN MEDICAL MONTHLY for March, 1857.)

CASE VI.—*Presentation of the back of the head and neck—Craniotomy.* Although both this and the previous case have been reported before at length, many of the points are so exceedingly interesting to the obstetrician, that I will not offer any apology for briefly detailing them here.

March 29th, 1858. Was called in consultation with Dr. Hough, to see Mrs. B., and found that she had been in active labor more than forty hours, with her third child, and not a particle of progress making. It seems that a left lateral obliquity of the uterus existed, which had caused the vertex to override the pelvic brim, and bring the *back of the head* and nucha to offer at the inlet. After failing to bring down the vault of the cranium with the forceps and vectis, the woman being under the influence of chloroform, I perforated at a point just anterior to the foramen magnum, and after much trouble succeeded in delivering her. After the spontaneous expulsion of the placenta, she was taken with so alarming an internal haemorrhage, that I was obliged to introduce my hand into the uterus, and remove at least a halffull of coagula before I could succeed in getting an efficient and permanent contraction. She made a rapid and satisfactory convalescence. (For full report of this case, vide AMERICAN MEDICAL MONTHLY for July, 1858.)

CASE VII.—*Presentation of the left shoulder—Version—Showing the proclivity some women evince to irregular presentations.* I was requested, on March 7th, 1858, to see Mrs. M. by three gentlemen students, and ascertained that they had been making ineffectual attempts to deliver by turning, as it was a shoulder presentation. The membranes had been ruptured and the liquor amnii discharged for nearly four hours previous to my seeing her; the sounds of the foetal heart were not audible. I found the left arm and hand protruding at the vulva, enormously swollen, the shoulder well packed down in the pelvic cavity, and the uterus contracting violently at intervals of about three minutes. After administering chloroform, I introduced my hand, and after some trouble succeeded in finding the feet, and completing the delivery. The child was dead. This was the woman's fifth child, *three of which had presented by the shoulder, and two by the*

breech. The woman was taken, about a week after delivery, with a smart attack of metro-peritonitis, which yielded to turpentine stupes and the use of calomel and opium.

CASE VIII.—Rigidity of the Os—Forceps. I was called on Saturday, October 2d, 1858, to see Mrs. M. in labor with her first child, at about 2 o'clock, p. m., the messenger stating that probably the child would be born before reaching the house. I found her suffering regular and severe labor-pains, which she stated had been persistent for twelve hours previous, but the os still high up, extremely rigid, and not dilated more than sufficient to introduce my finger. I left her, and was again called on Sunday morning about 9 o'clock, and could now detect the head offering, and the membranes ruptured, but not the slightest progress made in dilatation. I then ordered $\frac{1}{2}$ gr. of tartar emetic every half hour, and saw her again about 3 p. m., but no progress had yet taken place; the pains were very severe, but no more dilatation than when I first saw her. I then subjected her to the influence of chloroform, and kept her under its effects for nearly three hours, without making the slightest impression on the os. I next essayed manual dilatation, and succeeded in stretching the os to about three inches in diameter. The woman soon began to show unmistakable evidences of exhaustion, the vagina was beginning to become dry, hot, and tender, the head had barely engaged, and I desired that Dr. A. K. Gardner might be sent for in consultation. He arrived about 8 o'clock, and advised still further delay; the pain soon began to flag, and the sounds of the foetal heart to falter. About 10 o'clock the pains ceased entirely, and the woman's mind began to wander. I then subjected her again to the influence of chloroform, and applied the long forceps, with one blade over the occiput and the other over the sinciput, the head still being at the superior strait, in the *right occipito-iliac transverse* position, and the os rigid and not larger in diameter than an ordinary tea-cup top. After employing the most violent traction I ever used, in fact pulling till I was completely exhausted, and then, being kindly relieved by Dr. G., who also exerted his utmost strength, we succeeded in bringing down and delivering the head. The child lived a week, the mother being affected with complete agalactia. Her convalescence was tedious, being threatened for several days with puerperal mania, which I attributed in part to impurities in the chloroform used.

CASE IX.—Contraction of the antero-posterior diameter of the brim—Forceps. Mrs. G., a small, slim, delicate woman, considerably below the average stature, was taken in labor with her third child on No

vember 13th, 1858. She had been attended in both her previous confinements by my father, Dr. B. W. Budd. Her first labor had lasted forty-eight hours, and had resulted in the spontaneous delivery of a still-born foetus; her second had been slightly more propitious, having lasted but thirty-six hours, and her infant being born alive: although in both the woman's convalescence had been slow and tardy, she barely escaping with her life. Dr. B. had recognized contraction of the sacro-pubic diameter of the brim as the cause of her protracted labors, and had resolved to terminate this as soon as the soft parts were in a proper condition. After being in labor about six hours I was sent for, and applied the long forceps, and, after a pretty severe *tugging*, delivered her of a fine, healthy daughter. She recovered without a single unpleasant symptom, and was sitting up on the sixth day. The operation was performed with the woman under the influence of chloroform.

CASE X.—*Abortion of 3 months—Complete extrusion of cervix uteri at the vulva.* I attended Mrs. S. in June, 1854, with an abortion of between 3 and 4 months. The breech presented, and, after the trunk was expelled, the os uteri contracted firmly around the neck of the foetus, and every pain, instead of relaxing the circular fibres of the cervix, only tended to contract them more firmly, and bring down the uterus itself lower in the pelvic cavity, until the cervix actually protruded from the vulva. The constriction was overcome by tiring out the contracted fibres of the neck, much in the same manner as recommended for hour-glass contraction. I afterward treated the woman for prolapsus uteri.—(Vide paper on *Treatment of Prolapsus Uteri—Case I.* N. Y. Medical Times for Feby., 1856.)

CASE XI.—*Hæmorrhage—a portion of the placenta adherent.* I saw Mrs. L. on March 24th, 1858; in consultation with Drs. Hough and Dirix, I found that she had been delivered about two hours previously, and these gentlemen had been endeavoring, by the judicious use of cold, pressure, ergot, &c., to check an alarming hæmorrhage that had been going on for an hour previously. The woman was cold, and nearly pulseless, with rapid respiration, tossing from side to side, and bleeding incessantly. The uterus was soft and relaxed, filling up almost the entire abdominal cavity. Upon examining the placenta, which had been delivered nearly an hour, I found that a portion of it was wanting, and, upon introducing my hand into the uterus, ascertained that a piece about as large as the palm of the hand was still adherent to the uterine walls; this I carefully peeled off, and making counter-pressure over the abdomen, retained my hand in the uterine cavity until it was expelled by a contraction, which I maintained by

using two books as compresses over the fundus, retained in place by the binder. Under the free use of opium and brandy she gradually rallied, and made a very good, though tedious recovery.

CASE XII.—*Unusually long umbilical cord.* I attended Mrs. L. on May 10th, 1858, with her first child, a son. The umbilical cord was twisted around the neck of the child *four times, and once around the body.* Not having any facilities for measuring it, I placed the placenta in a “pot de chambre,” upon the floor, and, taking hold of the divided end, found that it reached to my clavicle, when standing erect. I directed it to be preserved for me until my next visit, but, through the ignorance of one of the attendants, it was thrown away. I have since ascertained that, allowing three inches for the thickness of the placenta and the bottom of the chamber, the cord must have measured, *at least*, 4 feet 9 inches.

No. 143 East 13th Street, New York, December, 1858.

Homeopathic Tolerance and Allopathic Bigotry. By A. L. CARROLL, M.D.

He who has ever read a homœopathic journal, or conversed with a homœopathic practitioner or layman, is doubtless familiar with the severe reprobation lavished by our infinitesimal brethren upon the intolerance of the “old school;” an intolerance which they pronounce in the highest degree inimical to progress in medical science, and unworthy of true disciples of the healing art.

They also accuse us of “stealing” their therapeutic agents, and making use thereof in a deceitful and dishonest manner, for the base and selfish purpose of relieving our patients without giving due credit to the founder and subsequent elaborators of their system. To quote from an article emanating from their own ranks, “We must do this,” (i. e., mix drugs in prescriptions,) “to protect us from the inroads of the old school, who are always ready to swallow up homœopathy by stealing from our *materia medica* the indications for drugs in diseases.”

Let us see whether they act up to their own principles; if they display none of that bigotry which they so highly condemn in others; if they refrain from “picking and stealing” from our therapeutics, and confine themselves to the working of their fundamental rule, “*Similia similibus curantur.*”

The article by which this paper was suggested is entitled “*Remissions and Exacerbations in Diseases, in connection with the selection*

of Remedies and their Doses. By E. E. Marcy, M.D., of New York." This article may be found in the "North American Journal of Homœopathy," for August, 1858; and, as Dr. Marcy assumes to be the incarnation of "pure and scientific (?) homœopathy," we select his essay as an appropriate basis for a few remarks concerning the points mentioned above.

First, as to the general tenor of the article: No mention is made of the pathology of remittent types of disease; not the slightest efforts made to reach the *causes* of the phenomena of periodicity; but the roughest and most rudimentary *résumé* of the symptomatology of a typical instance of remittent fever forms the foundation for the (so-called) scientific superstructure of therapeutic indications. We quote his own words: "He, (the physician,) finds, for example, an active circulation, a morbidly excited brain and nervous system, an access of animal heat, a general suspension or diminution of the various *secrétions*, great restlessness, anxiety, and sleeplessness, intense thirst, parched mouth and tongue, flushed cheeks, and severe pains in different parts of the body. These positive symptoms may continue from twelve to sixteen hours, and then be succeeded by quite a different group, like a nearly normal circulation, a tranquil brain and nervous system, skin moist and cool, tongue and mouth moist, absence of thirst, and a general freedom from restlessness, anxiety and pains." Here endeth the first lesson! This is the entire basis of our homœopathic brother's "*ars medendi*." Verily, his science, like his medicine, is administered in exceedingly minute doses, and savors somewhat of the pernicious method of taking effects for causes, of which the "old school" has been accused by the "new lights." In an article from our "orthodox" ranks upon the same subject we should expect to find a physiologico-pathological dissertation upon the state of affairs indicated by the symptoms, and their probable cause; but this, according to our learned essayist, is unscientific. Symptoms unconnected with pathological states are all that are required for his philosophy.

In the succeeding, even shorter paragraph, he has embodied the remedial alternatives, as thus: "In a case like this, what is the duty of the physician? Is he to prescribe for the symptoms (mark that! *symptoms!*) which are present during the febrile paroxysm, and, when the remission occurs, to select another remedy which corresponds to this opposite condition? or is he to take into consideration both the remission and exacerbation, and prescribe for the 'totality of the symptoms' of the malady as a unit?" Poor Therapeia! "can it be that this is all that's left of thee?" Farewell, Physiology! Farewell, Pa-

thology! "I love thee well; but never more be officer of mine." Henceforth we have only to note down symptoms simply *as symptoms*, and search for the same or similar symptoms in some "symptomen codex." And this mechanical routine is called science!

One would think that, having reduced the practice of medicine within such narrow limits, there could be but little grounds for difference of opinion among the advocates of such a school; yet we find Dr. Marcy at variance with Hahnemann by his own quotation from that author: "In searching after a homœopathic specific remedy," says Hahnemann, "that is to say, in making a comparison of the entire symptoms of the natural disease with those produced by known remedies, in order to discover among the latter an artificial morbific power resembling the natural disease which is to be cured, we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary and peculiar*, for it is to these latter that *similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure.*" (Organon, page 155.) Dr. Marcy adds, "Here we have a reasonable and simple rule of action." Simple enough, in all conscience! and indicating, as Marcy himself states, that the remedy is to be selected to meet the "striking" characteristic phenomena of the disease; yet a few sentences further on we meet the following: "In a vast majority of cases quite too little attention is paid to this minute accumulation of symptoms, because it involves the expenditure on the part of the physician of much time and labor. The shorter method of selecting remedies at hap-hazard, or antipathically, is too often adopted, thus retarding the progress of our school, and bringing discredit upon its honest advocates." Now, without pausing to ask whether the doctor understands the meaning of "antipathically," and knows that antipathic remedies are only to be found for two or three morbid states, we would merely inquire if the two last made quotations be consistent one with the other? In the former, he sanctions the "almost exclusive attention" to striking characteristics, and in the latter enjoins the "minute record," because "when this record is complete only a few very minute doses of the drug are necessary to effect a cure."

The whole question embodied in the magniloquent title of the article having been satisfactorily set at rest in two pages, our essayist now proceeds to elucidate the modus operandi of minute and attenuated doses; and here again his theory differs strikingly from that of the founder of his school. Hahnemann mystifies himself and his readers over the disturbances of the vital principle producing disease, and the

dynamization or development of the spiritual virtues of a drug by its dilution or trituration; the friction employed in this process elevating the said dynamic properties by magnetic elimination, and enabling the remedy to meet the disease upon its vital or spiritual plane. Dr. Marcy, on the contrary, explains the mystery of infinitesimal action on the principle of chemical affinities existing between the tissues of the diseased parts and the atoms of the remedy—an affinity which he illustrates by the action of "a few drops of diluted sulphuric acid" upon "any quantity of starch," the affinity of a bar of iron with a small quantity of powdered charcoal, &c., and which, in the case of the sulphuric acid and starch, with the most noble disregard for etymology, he dubs with the title of "homeopathicity." After drawing this comparison, he says: "It is unquestionably true that every tissue of the body has some special attraction for certain drugs, and may be impressed and modified by contact with them." In addition to this variance from the teachings of Hahnemann, Dr. Marcy is also at variance with common experience: First, when he states that "the infinitesimally subdivided poisons of yellow fever, cholera, small-pox, scarlet fever, measles, and other epidemic, miasmatic, and contagious maladies, produce their specific impressions (in homeopathic doses, let it be observed,) upon the various tissues with which they have catalytic or toxic relations."

We have neither space to enter upon the consideration of infection and contagion, nor to discuss the etymological error of applying the adjective "homeopathic" to doses or morbific impressions; but we may ask on what grounds the above statement is made. There is no proof or probability that the said "homeopathic doses" of contagion or infection are capable of producing disease, but we may rather suppose that, in the case for instance of marsh miasm, persons residing some ten or twenty miles from the infected district get a true "homeopathic dose" of the poison. Many arguments might be adduced to show that, although the poison be diluted with atmospheric air, it requires pretty large "doses" to produce its specific effect.

Secondly: When Dr. Marcy states that a diseased tissue acquires an increased affinity for the drug atoms, so that a less quantity is required to produce an effect than in health, he again manifests a disregard for the teachings of experience, for opium is declared by his school to be homeopathic to delirium tremens, yet we all know that in this disease the tolerance of opium is very greatly increased. Quinine, as a specific for intermittent fever, was the foundation of Hahnemann's theory, and is used by him as the type of homeopathicity, and

tolerance of quinine is also increased in this malady. We might accumulate instances without number of this greater tolerance of remedies claimed as homœopathic by our brethren of the new school, but let these suffice, for our space is limited, and we wish to show that our essayist is not only at issue with his own school's doctrine and with common sense, but with facts. In a journal, whose prospectus (fourth page of cover) informs us that "Pure Hahnemann Homœopathy, Progressive Homœopathy, and Allopathic Medicine will be honorably and fairly represented—never misrepresented," we are rather surprised to meet with the following: "Tell the old school physician, whose medical faith has been derived from the dusty tomes of antiquity, who forgets that everything valuable pertaining to science and art is of recent date, and who mistakes *antiquity* for *knowledge*—tell such a man of the therapeutic powers of imponderable atoms of drugs, and, like the ruder specimen of humanity just alluded to," (i. e., a "rude savage,") "he will pronounce the assertion absurd. He judges all things from *his own* stand-point of knowledge, and sustained by the crude dogmas handed down to him from the dark ages, he bids defiance to modern discoveries, modern researches, and modern facts, and repudiates all reasonings and all deductions which are not based upon the recorded data of the past. Every new idea, every new fact which clashes with his preconceived notions, he denounces without investigation, and falls back in anger and bitterness of spirit upon his antiquated relics."

In quack advertisements, heralding the virtues of some "universal panacea," we frequently see a prefatory diatribe like the preceding against the regular school; but it certainly is rare, even from the Homœopathic ranks, to encounter such a wholesale and intentional perversion of facts. New ideas, newer perhaps than are included in Dr. Marcy's philosophy, are daily being eliminated and joyfully received by "allopathic scoffers" as he terms us. Let us remark, *parentho-*se, that it is not we who have assumed the title "allopathic," but that it has been gratuitously conferred upon us by the Homœopaths. But as to new ideas, perhaps even Dr. Marcy might be enabled to discover some in the recent works and discoveries emanating from our "old school;" Draper, Paget, Rokitansky, Brown-Sequard, Lebert, and many others may, if he will deign to cast an eye upon the results of their labors, furnish him with a few "researches, facts and reasonings," based, it is true, on the established scientific "data of the past," but none the less valuable on that account.

We of the regular school do not consider ourselves as sectarians,

bound down by narrow and limited rules of action, but endeavor by a patient investigation of the positive sciences to deduce a rational and philosophical rule of action as regards the therapeutic art. That we are not a sect is proven by the fact that great diversity of opinion on theoretical points exists among us; one man using tonics and stimulants, where another employs antiphlogistics. We are united on the common platform of scientific fact; but, where demonstrated facts fail us, each individual uses the reasoning faculties which God has given him, and the scientific education demanded for the foundation of his arguments forms the characteristic feature of the true votary of our noble profession; an education so boundless in its scope that the true scientific physician must ever be the best informed member of a community. How does the Homœopath fulfil these indications? To practice homœopathy, no scientific acquirements are demanded of the practitioner. If he ever inquire the *cause* of the symptoms to which his attention is directed; if he waste one thought upon the pathology of the disease, it is as a matter of curiosity, not of necessity, and we have the whole practice of medicine introduced with a flourish as follows: "Science, reason, experience and facts all demonstrate the sound philosophy of the homœopathic doctrines. Let us examine. In the first instance, the physician is required to record all the symptoms of the natural disease. He notes every circumstance connected with the approach, the presence, and the disappearance of these symptoms, as well as the age, temperament, susceptibility, idiosyncasy, and sex of the patient. Thus he acquires a complete knowledge of the malady. In the second place, he selects from his *materias medica* a medicine which operates upon the diseased parts, which has a specific relation, affinity, or homœopathicity with these parts, and which is capable of producing an impression which enables the recuperative forces to throw off the morbid influence and re-establish the normal condition. * * * The essential condition of success is, that the pathogenetic phenomena of the remedy should correspond accurately with the grand totality of those of the malady."

Such is Dr. Marcy's homœopathic theory. Others of his school explain the action of a "similar" remedy by comparing the disease to a pendulum, the drug giving this pendulum an additional impulse in the same direction, and thus increasing the impetus of its return. When the said pendulum has gone as far in its morbid vibration as is consistent with life, however, their simile does not present a very satisfactory prospect to the physician.

Other, and very diverse theories of action are held by homœopathic

authorities, but in practice they are agreed. The symptoms are to be minutely recorded and compared with the amusing pathogenesis of drugs in "Jahrs symptomen codex" until "accurate correspondence" is detected. If this be science, it is science easily attainable by any one not quite an idiot. Reading and writing are all the educational attainments requisite for its pursuit; or if its disciple be not able to write, he may take "Jahr" to his patient's bed-side, and as each symptom is enunciated, "look it up" in the printed record.

As to the accusation so often brought against us of "stealing" homeopathic remedies, let us remind our accusers that many of their "specifics" were in use among us before Hahnemann was born. Tartar emetic in croup, mercury in syphilis, sulphur in scabies, &c., belong to our "dusty tomes of antiquity," and even where we cannot explain the modus operandi of a drug in such a lucid and "scientific" manner as our brethren, we are willing to use it empirically if experience prove it beneficial; our object, as practical men, being to relieve our patients, not to uphold a sectarian dogma, or, as a Dr. Henry in an article beneath criticism, a few pages further on, exhorts his homœopathic brethren to "stand as *bigots* upon this great principle." (He himself giving a series of allopathic prescriptions in the same article.)

We are not bound by any rules to abstain from using whatever we think may be beneficial to our patient, nor do we conceal the fact that we use many remedies empirically, yet this is no justification for the imputation of dishonesty. To hear a homœopath discourse on this topic, one would imagine that all our successful treatment was filched from him and his confreres, and that we waited in inaction until the opportunity offered to pounce upon the fruits of his labors. Aconite is the chief item in the indictment against us, and homœopathic physicians and patients all join in the hue and cry against our use of their "homœopathic lancet." Now, it will perhaps surprise some of the said patients (for we cannot, of course, impute ignorance to the physicians,) to learn that aconite is *not* homœopathic to febrile states, but depresses the circulation in health as well as in disease. The *Hanemelis virginica*, or witch hazel, a remedy just coming into notice, is not homœopathic to venous haemorrhages, though used by many homœopaths in such cases; nor was it brought into notice by them, but rather as a "patent medicine," under the name of "Pond's extract," or "vegetable pain destroyer."

But do the homœopaths never themselves commit what they are so prone to accuse others of? We "happen to know" that Dr. Marcy himself has given, and is giving the "hypophosphites" in cases

of tuberculosis (indeed we understand that he claims to be their originator.) Is this treatment homœopathic? Does it not rather savor of "stealing our thunder?" or do this and other similar instances make it appear that Dr. Marcy and his school are living in a remarkably fragile "glass house," from whence they amuse themselves by throwing large stones at their neighbors?

We cannot more appropriately close this paper than by quoting Dr. Marcy's concluding paragraph, a peroration embodying what Thackeray calls "the hoighth of foine language entoirely," and, merely taking exception to the phrase "doctrines of allopathy," we refer the paragraph entire to the consideration of its author, hoping that he may be enabled at some future time to discountenance sectarianism by example as well as precept.

"Modern researches have thrown a flood of light upon everything pertaining to art, science, and human progress. Many things which have heretofore been ranked among the mysteries of science and nature, are now clearly understood and appreciated. The art of healing has participated in this general advancement, and the hypothetical assumptions which enslaved the medical world for more than two thousand years have now become obsolete. The ancient fathers of medicine, who promulgated the absurd doctrines of allopathy, had not the light of science to guide them, but groping in the darkness of antiquity, they relied upon their imaginations, and upon oracles from heathen temples, for data, and deduced their conclusions accordingly. But they were honest, and acted according to the limited facilities within their reach. Their teachings have been pernicious to the human race, but they erred in ignorance; therefore may they still slumber on in peace and silence; but let every medical man of the present day sound aloud, and continually, the silver clarion of truth and progress, until the advocates of ancient errors shall pause and investigate, test and acknowledge the truths of modern medical science."

Report of Cases occurring in Bellevue Hospital, N. Y. By J. M. FARRINGTON, M.D., late House Surgeon.

CASE I.—*Fracture of Skull—Compression of the Brain by Extravasation—Death.* L. J. M., set. 30, of robust appearance, was admitted in hospital at 9 p. m., March 25th, 1857. The police, who brought him in, stated that while in a state of intoxication he fell backwards from off the steps of the police station, striking his head upon the

side walk. He had not manifested any consciousness since the fall. On admission the surface was cool, the right pupil dilated and insensible to light. He vomited about two ounces of a dark yellowish fluid soon after the fall, which emesis the police supposed to be due to a quid of tobacco which he swallowed at the time of the accident. There were no external marks of injury, excepting an echymosis of the left conjunctiva. The pulse was 66, slow and moderately full. He was ordered a turpentine enema, hot-air bath, friction to the surface, with turpentine and cold to the head. Various attempts were made to arouse him from his comatose condition, but all in vain.

At 10½ o'clock the left pupil also became dilated. His pulse sank to 52, but remained full and firm.

At 12 o'clock his condition was about the same, both pupils dilated and insensible to light. Respiration very irregular. Soon after he rapidly sank, and died at 1 o'clock, four hours after his admission.

At the post-mortem examination a fracture of the left parietal bone was discovered. A sharp spicula of bone had lacerated the arteria meningea media, over which the fracture occurred, and from this source a large amount of blood was extravasated, covering both hemispheres of the brain, and entering both of the middle fossæ of the base of the skull.

CASE II.—Concussion of Brain—Recovery. G. H., an express agent, was admitted May 6th, 1858, at 2½ p. m. About half an hour previous he was knocked from the platform of a car by the locomotive of a passing train. As he was looking out he was struck on the side of the head and rendered insensible. At the time of his admission he was in a state of semi-consciousness, drowsy, pulse 56, slow and feeble; respiration 24, surface cool. Ordered hyd. sub. mur. et pulv. jalapæ à gr. x, and a stimulating enema. Hair to be cut short and cold applied to the head.

At 3½ o'clock was able to answer questions; said he had pain in his head, and that he felt cold. Ordered friction to the surface and bottles of hot water to the feet. Soon after the exhibition of the cathartic powder he vomited up about 8 ounces of liquid.

At 4½ o'clock the pulse was full and moderately strong. Temperature of surface higher, yet still cool. Ordered an extra blanket. Headache severe; ordered ice water to be freely applied to the head.

6 p. m. Surface warm, pulse full and strong, 64 per minute. The palid hue of his face was gone, and the normal color had returned.

By watchful care to avoid the establishment of any inflammatory condition, (the observance of strict quiet, refrigerant laxatives, spare

diet, etc.,) his convalescence progressed without any untoward symptoms, and, as I learned from him several months after, his recovery was perfect, there being no impairment of the mental powers.

CASE III.—*Concussion of Brain, with Contused Wound of Head—Death.* B. C., age 45, an Irishman, of good constitution, but of intemperate habits, a hackman, was admitted in hospital November 15, 1857, at 6 p. m. About two hours prior to his admission he fell from his coach, striking upon the right side of his head; the reins became entangled and caught round his legs, and thus his horse dragged him for a short distance, the side of his head being in contact with the pavement.

He was picked up in an unconscious condition and carried into a drug store, where the hair was cut from the side of the head, and restoratives administered.

The scalp on the right side had two badly contused wounds; the anterior one over the temporal artery, the posterior directly above the ear. There was great tumefaction of this side of the head. On examination no fracture of the skull could be detected, and neither of the wounds were deep enough to injure the periosteum. There was some haemorrhage from the anterior wound, which was easily arrested by bits of charpie. The cartilages of the right ear were divided in several places. At the time of his admission his consciousness was returning. He could speak, but gave short answers, and was somewhat drowsy. Surface moderately warm, pulse 76, full and normal. Ordered water dressings to be applied, and changed every half hour during the night. He passed the night well. The pulse came up to 95, and he continued drowsy during the following day. Bowels were moved by enemata. On the second day erysipelas attacked the eyelids, and tr. ferri. chloridi. was ordered, 5ss. every three hours. He continued to do well, the erysipelas subsided, but the iron in combination with the infus. colombæ was continued as a tonic. There was much suppuration from the contused parts, such as to require frequent dressings. The parts were poulticed after the second day with ground flax-seed.

On the 27th some of his relatives came and persuaded him to go home, and notwithstanding the cautions of the medical attendants he left for home in a carriage. In 24 hours he grew worse, and died on the 19th. The kindness of his friends (?) unquestionably cost him his life. Had he remained at the Hospital, and been kept quiet, his complete recovery was almost certain. The excitement attending his removal, the want of care, and noise at his friends' house,

and, perhaps, the use of alcoholic liquors, induced fatal meningitis.

CASE IV.—Concussion of Brain, with extensive contusion of the Scalp.
—**Recovery.** J. M., at. 27, a coachman, of intemperate habits, but of robust constitution, was admitted November 22d, 1857. Four hours previously, while intoxicated, he fell through the floor of a new building a distance of 20 feet. He was found by the police and conveyed to a police station. It was two hours after the accident before he manifested any evidence of consciousness.

At the time of his admission to the surgical wards, the temperature of his surface was rather low, the pulse quite normal in character, the pupils wonderfully dilated, and his mental condition as one intoxicated. There was a large bloody tumor forming upon the scalp. There was a small wound on the vertex, just to the left of the median line; it did not extend through the integument, and was about half an inch in length.

His head was shaved over the injured side, and cold-water dressings applied, with directions to the nurse to change the cloths frequently.

On the following day the tumefaction had considerably increased in extent, covering the whole of the vertex and extending from ear to ear. Bowels moved freely—felt pretty comfortable. Upon his scalp were several white lines, the cicatrices of a severe contusion he received six months previously, and he stated that the doctor caused union so that he was able to work three weeks after he received the injury. He said that 13 sutures were applied, and no erysipelas followed. On the 24th he still felt comfortably, tumefaction of the eyelid was coming on, pulse normal, tongue slightly coated. Was discharged on that day at his own request, and his wife took him home, against the advice of the attending surgeon; and although I had ill forebodings of the result of his case, I subsequently learned that he recovered.

CASE V.—Fracture of the external table of the skull. C. M., an English woman, at. 40, of good constitution, was admitted in Hospital, March 19th, 1857. At the time of her admission she was bleeding profusely from a contused wound of the scalp, caused by a blow from a stove-lid. The solution of continuity was over the left parietal bone, a short distance from its posterior superior border; it was about two inches in length, and communicated with a fracture of the external table of the skull. The fracture could be distinctly felt with the finger, a portion was slightly depressed, and the adjoining edge of bone sharp and rough, the line of fracture was irregular and extended about $1\frac{1}{2}$ inches.

A compress was applied over the wound, which arrested the haemorrhage. At night she complained of severe pain upon the opposite side of the head. She was perfectly conscious at the time she was brought in the ward, and continued so until she was discharged.

On the 21st there was some febrile excitement, the pulse was frequent, face flushed, and meningitis was feared. A stimulating enema was ordered to be given, and the following powder to be taken:

R.—Hydrarg. sub. mur. gr. x.

Pulv. jalapæ, gr. xv.

M.

All of which operated freely. Other means were used to allay the access of inflammation, and the following day the febrile symptoms abated and gradually left her, and she continued to do well. Anxious to be at home, she asked and received her discharge on the 25th. The final result of the case I have not been able to ascertain, but presume that it was favorable.

Report of the Committee of the N. Y. Pathological Society, appointed to examine the Case of Mr. E. A. Groux, affected with Congenital Fissure of the Sternum.

Mr. Groux has a congenital fissure of the sternum situated in the median line, and extending the entire length of the bone.

There appears to be no deficiency of the bony substance in this case, but a simple median fissure. The clavicles are articulated with the lateral halves of the sternum, and the costal cartilages join the bone on each side in the usual manner. The sternal attachments of the sterno-mastoid muscles are also in their natural position; but the sterno-hyoid and sterno-thyroid muscles, both right and left, are attached below to the left half of the sternum. The left half of the sternum is also situated upon a plane somewhat anterior to that of the right; so that, when the two edges of the fissured bone are drawn together by muscular action, the left edge projects slightly in front of the right.

When Mr. Groux stands erect, in an easy position, the fissure is one inch wide at its widest part, i. e., about the junction of its upper and middle thirds. By forcible separation of the two halves of the sternum, the width of the fissure at the same spot is increased to two inches. By forcible approximation, it is diminished to a quarter of an inch.

The space between the two lateral halves of the sternum is covered

by integument, and apparently also by a strong subcutaneous fibrous sheet or aponeurosis, which unites the edges of the bone, and prevents their separation beyond the limits above mentioned.

The respiratory sounds generally, over the chest, as perceived by auscultation, are natural in character. The impulse of the heart, also normal in character, is felt at or a little above the level of the fifth rib, a little inside the plane of the left nipple.

In the medio-sternal space, in the ordinary erect position of the body, there is visible to the eye a pulsating tumor, situated apparently just beneath the integument and subcutaneous aponeurosis. The pulsations of this tumor extend from the second to the fourth intercostal space, and from the median line to the left edge of the fissure. They consist of alternate dilatations and contractions, which correspond in frequency with the pulsations of the heart and arteries. The filling up of the tumor takes place from below upward, and from left to right; while its contraction runs in an opposite direction, with a rapid wavy motion, from above downward and from right to left.

The contraction of the tumor is synchronous with the impulse of the heart, at the level of the fifth rib.

A majority of the committee perceive a slight interval of time between the contraction of the tumor and the pulsation of the carotids in the middle of the neck. All the members of the committee are agreed that there is a perceptible interval between the contraction of the tumor and the pulsation of the temporal arteries.

If a stethoscope be applied to the tumor, the two cardiac sounds are heard very distinctly, and natural in character.

If the finger be pressed deeply into the medio-sternal space immediately above the tumor, there is felt, exactly in the median line, a rather firm, deep-seated, pulsating body, which is beyond a doubt the ascending portion of the arch of the aorta. By applying the stethoscope firmly in this situation, the double cardiac sounds may be heard quite as distinctly as upon the superficial pulsating tumor. The pulsations of this part of the aorta, as perceived by the finger, are synchronous with the impulse of the heart, at the level of the fifth rib.

When Mr. Groux takes a deep inspiration, followed by a long, slow, and forcible expiration, the pulsating tumor in the medio-sternal space disappears at the time of inspiration; but toward the end of the expiration it again shows itself, and gradually becomes very much increased in size. It enlarges from below upward, on the left of the median line, till it reaches, at its highest point, the level of the lower edge of the first rib, on the left side. It also enlarges from left to right; until, at the level of the third costal cartilage, it extends quite

over to the right edge of the fissure, and thence occupies the whole width of the fissure, down to the level of the fifth costal cartilage.

If this experiment be tried while Mr. Groux lies upon his right side, the tumor becomes excessively prominent, and at the time of its greatest distention a band is seen extending across it in a nearly horizontal direction, and partially dividing it into two upper and lower halves. In the opinion of the Committee this appearance is probably due to an unusually prominent fibrous bundle of the intersternal aponeurosis, which produces a partial constriction of the tumor at this point. When respiration again commences, the tumor is reduced to its original size, and its pulsations for a few seconds are more hurried than usual.

This pulsating tumor has been considered by different observers to be—1st, the right auricle; 2d, the right ventricle; 3d, the aorta.

The Committee are of the opinion that it is not the right auricle; for the pulsations of the tumor, in its ordinary condition, are situated altogether to the left of the median line—at least they do not extend toward the right beyond this line. The right auricle, on the contrary, in the natural position of the heart, is seated altogether to the right of the median line. The body of the auricle is very deeply seated, and quite posterior to the plane of the ventricle; and the only part of the auricle which approaches the front of the chest is the appendix. This, however, is situated quite to the right of the median line, even when distended, lying sometimes behind the second costal cartilage and second intercostal space, sometimes at the third costal cartilage and sometimes at the third intercostal space. If the tumor in this case, therefore, be the right auricle, the heart must be considerably displaced toward the left. But the aorta can be felt, as above stated, in its normal position in the median line; and the point of the heart strikes the chest, also in its natural position, a little inside the plane of the left nipple. The Committee, therefore, regard it as certain that the whole heart is normally situated; and that consequently the pulsating tumor seen in the fissure cannot be the right auricle.

They are also of opinion that it is not the aorta; for if the superficial tumor to the left of the median line be the aorta, then the deep-seated pulsations above and in the median line must belong to the arteria innominata. But the characters of the two pulsations, which would be the same were they both arterial, are in reality very different. The deep-seated pulsations give to the touch the sensation of a firm, vibrating, cylindrical body, the tension of which does not vary very much at different times; the same sensation, in fact, which is communicated to the finger when placed upon the aorta of a living animal.

The superficial tumor, on the contrary, is alternately hard and soft, and exhibits a very free pulsating movement.

Furthermore, when the superficial tumor is distended, as above described, in expiration, it extends upward, near the left edge of the fissure, toward the top of the sternum; so that this part of it is on the same horizontal level with the deep-seated pulsating body in the median line. The latter, therefore, cannot be the arteria innominata, unless it happens in this instance to take an abnormal origin from the side or the concavity of the aortic arch.

If the superficial tumor also be the aorta, it is not easy to understand why it should become distended during a forced expiration.

The Committee are of the opinion that the pulsating tumor in the medio-sternal space is the right ventricle.

First—On account of its situation. In the natural position the most superficial portion of the heart is the anterior surface of the right ventricle. The conus arteriosus lies to the left of the median line, at the level of the second intercostal space. The bases of the aorta and pulmonary artery are situated nearly upon the median line, at the level of the third costal cartilage, and the right ventricle lies behind the sternum, from this point down to the sixth or seventh costal cartilage. There is every reason to believe that this is very nearly the position of the ventricle in this instance. The only peculiarity of position, therefore, would be that in Mr. Groux the heart is placed a little higher in relation to the ribs than in the majority of instances. This is actually the case in him, since the point of the heart strikes the chest at, or a little above, the fifth rib. The pulsating tumor, therefore, corresponds in situation with the right ventricle, and with no other portion of the heart.

Secondly—The character of the pulsations corresponds with those of the right ventricle. They are wavy and peristaltic, and run from above downward, and from right to left. The contractions of the appendix auricularis, on the other hand, (the only part of the right auricle which could present anteriorly,) are different in character, and are directed from the point of the appendix toward the body of the auricle, more posteriorly and toward the right.

Thirdly—The most striking proof is that derived from the appearances produced by a suspension of the breath in prolonged expiration. When the heart is exposed in a living animal, and the movements kept up by artificial respiration, if the respiration be suspended for a time, the blood soon begins to accumulate on the right side of the heart, producing a distention of its cavities. Under these circumstances, the

right ventricle becomes swollen quite as soon, and to quite as great an extent as the right auricle; and the swelling takes place from left to right quite as much as from right to left; so that the right ventricle extends much further beyond the median line, and occupies much more of the space just behind the sternum, than in the natural condition. The conus arteriosus also swells and becomes prominent from left to right.

Two of the Committee have found the same condition of things in the human subject after death, which has been preceded by distention of the right side of the heart. The right auricle, under these circumstances, though very full of blood, projects but little or not at all to the left of the median line; while the right ventricle extends beyond this line, to the right, for at least one inch.

When Mr. Groux suspends the breath in a long and slow expiration, the distention of the tumor, already described, corresponds exactly with that of the right ventricle. The swelling does not take place from right to left, but from left to right. The upper part of the distended tumor, corresponding with the conus arteriosus, comes prominently into view, to the left of the median line, running up to the lower edge of the first rib; while its lower portion extends over to the right edge of the fissure, at the level of the third costal cartilage, and thence downward, exactly in the position of the right ventricle, to the fifth costal cartilage. During this time the pulsations continue, but the contractions are incomplete, and the tumor does not disappear at any time until a new inspiration has taken place.

There are several other appearances, more or less connected with the fissure of the sternum in this case, which have some interest.

(1.) When Mr. Groux takes a moderately full inspiration, and then compresses the chest suddenly by muscular action, a portion of the lungs are forced out at the upper part of the fissure, forming a prominent oval tumor, highly resonant on percussion, which disappears on again relaxing the muscles. The Committee are unable to decide whether this protrusion is formed by the right or the left lung, or by both together.

(2.) When Mr. G. lies upon his right side, the heart falls a little over in the same direction, and the tumor then becomes more prominent, and passes a little beyond the median line. When he lies upon his left side, the heart falls away to the left, and the tumor slightly recedes.

(3.) When the heart has become very much distended by prolonged expiration, its pulsations may be felt on the left side of the chest, gradually extending from the fourth to the second intercostal space.

(4.) Mr. Groux has also the power, by making two or three quick inspirations and then forcibly compressing the chest, of stopping the pulse at the left wrist. This is perhaps due to the unusual mobility of the clavicle, by which the subclavian artery is compressed at the top of the chest.

JOHN C. DALTON, JR.,
JOHN T. METCALFE,
EDMUND R. PEASLEE, } Committee.

PROCEEDINGS OF SOCIETIES.

New York Pathological Society. Regular Meeting, July 14th, 1858,
E. R. PEASLEE, M.D., the President, in the Chair.

[Reported for the MONTHLY, by E. LEE JONES, M.D., Sec'y.]

Specimens of Taenia expelled by Kousso.—DR. CONANT presented a couple of specimens of *taenia* from a couple of Frenchmen, who have not been long in this country. They were both expelled by the kousso. The method of administration was this: the patients went without food for nearly two days, then a hearty meal was taken, and an hour after the kousso was taken, followed an hour or two after by the administration of castor oil. In each instance the result was the production of the *taenia*. One is 90 feet in length, and the other is not quite so long.

DR. CLARK observed that these two specimens both came from Frenchmen. Among all the specimens that he has seen or heard anything of in this city, there were none that have been procured from persons born in this country. He possesses four or five specimens, but all are from foreigners. During the past year, whenever he has heard of the existence of a tape worm, he has been in the habit of saying he or she is of foreign birth, to which an affirmative answer has been uniformly given. He would, therefore, inquire if any gentleman present is familiar with an instance of *taenia* occurring in a native of this country, feeding upon the meats produced here?

DR. CONANT had a case in the person of an engineer, who was born in this country, but was upon a steamer that ran to Havre.

DR. SEWALL had one in a young man born in Boston.

DR. HENSCHELL knew of a case, born in this country, who travelled

through Germany, eating the salt pork of that country, and came back with a tape worm.

DR. CLARK supposed that the most common cause of taenia in persons here was measly pork, which contained the ecchinicoccus; especially is this the case if the pork be eaten raw, in which case these animals will develope themselves very readily in the stomach. It would seem that ordinary cooking is not able entirely to destroy them. Measly pork is said to exist in Ohio, but it seems to be different from that in Europe, where the hog seems to be filled full of them. The ecchinicoceus is one of the forms assumed by the tape worm in its earliest stages of existence.

DR. SCHILLING had seen a good many cases of taenia—about forty. The last case was in a grocer, who had been in the habit of eating raw pork. Two very large ones were expelled by the administration of kousso. He was born in this country.

Corroding Ulcer of Os Uteri.—DR. CONANT next presented a specimen consisting of a part of the uterus, rectum, and posterior wall of the bladder, taken from a woman 35 years of age, who had one living child, and had miscarried several times. Attention was first drawn to the case last fall, when, on introducing the finger into the vagina, the cervix was found entirely gone, and passing further up it came in contact with a tumor. Her symptoms previous to this time were severe pains in the sciatic nerve, and profuse flooding at each menstrual period. *Diagnosis.*—Corroding ulcer, and *not cancer*. Two weeks after he examined the case and found that the os was lacerated, as though the substance within had been forced through it. There was a piece torn off about the size of a ten cent piece. Previous to that time there had been a very offensive discharge, and shreds of membrane had come away.

Autopsy.—The uterus was found *in situ*. There seemed to be no trouble about the bladder. The ovary of one side was more or less elongated and bound down. He removed the rectum, posterior wall of bladder, and lower part of the vagina. The os was gone—then looking a little further between the uterus and rectum he found the whole neck gone.

DR. PEASLEE.—Any opening into the peritoneal cavity?

DR. CONANT.—None whatever.

DR. SANDS asked Dr. Conant if there was any microscopical examination of the shreds made. He thought it important that such examinations should be made to settle the question whether or not

cancer did really exist, and mentioned a case where the question was so decided.

DR. CLARK did not think that the true relations of corroding ulcer have been as yet established; that possibly it might be in closer alliance with other forms of disease than we have heretofore been led to suppose. In connection with this point he referred to a specimen presented by Dr. McCready, some time ago, of ulcerative disease of the rectum extending into the bladder, where the disease communicated with a stricture, which in the course of eighteen months came to be an open ulcer, and continued in that state for six months, until the patient died. When the specimen was examined by the members it was impossible to discover any cancerous matter in the edges of the ulcer, and yet there was present perfectly well-characterized cancer of the liver. In that case the existence of a firm stricture two years before death, the resolution of that stricture by ulceration, the extension of the ulceration into the neighboring parts, and the existence of cancer in the liver, render it highly probable that this differs from the ordinary cancer only from the fact that all the cancerous matter in the primary disease had sloughed away; still the diathesis was present, as was shown by the subsequent appearance of cancer in the liver.

Old Fracture of Femur.—DR. FINNELL presented a specimen of an old fractured femur from a colored woman, who died from sun stroke. There was a riding by of the fragments, the lower fragment being behind the upper one. She fractured the bone some six or eight years ago. The extremity of each fragment has been closed with bony matter; there is a larger quantity of this bony matter posteriorly. The periosteum was continuous across the fracture. No lesion of the brain was discovered. The thigh was shortened two inches.

DR. BATCHELDER asked if all the cases of sun stroke were not in the habit of using ardent spirits?

DR. FINNELL had a case in June, 1849, of a young woman in Mercer Street, who was known to be temperate, and died of sun stroke while working in the yard.

DR. CLARK stated that in nine cases of sun stroke in the kitchen of the St. Nicholas Hotel, it was hardly fair to suppose that they were all intemperate. He presumes, the fact is, under ordinary circumstances when sun stroke occurs, it does fall upon those who do use spirituous liquors more or less freely. The whole class of laborers in New York drink, and it is they who are most exposed to the heat of the sun. It is not the gentleman; he walks with his umbrella over his head, and goes on the shady side of the street. They do not go out

in the middle of the day unless they are compelled. He thought that those who drink hardest fall, but they are not the only ones. He did not think that sun stroke was so dependent upon the absolute temperature, but that, together with a high temperature, there must be a low dew-point. When the humidity of the atmosphere was great the moisture from the body could not be exhaled, as it ought to be. Upon a certain day three or four years ago, when the temperature was only 86°, there was a larger number of cases brought into the New York Hospital than another day when the temperature was 96°. This difference was owing to the fact that upon one day the air was surcharged with moisture, while the other was dry.

DR. SEWALL asked if sun stroke ever occurred in the country?

DR. CLARK remarked that it did.

DR. GRISCOM's observations corresponded to those of Dr. Clark to a certain extent. He did not agree with him in saying, that the laboring classes were for the most part intemperate. He seemed to take an opposite view of the case, yet he acknowledged that the intemperate were mostly stricken. He had two cases at the hospital this year. One was a boy, whom he believed to be entirely temperate; another was a blacksmith, who did drink *a little*, and was struck early in the morning. He thought that the 28th of June was the day for sun strokes, above all others days. His attention, he said, was first drawn to the fact by observing the great number of deaths from heat at the battle of Monmouth, which occurred on this same day of the year, 28th June. This day, according to his account, was the marked one in the calendar. This year there were 50 cases on that day. In 1849, 100 cases occurred.

DR. BIBBINS agreed with Dr. Clark in saying, that the laborers as a class are drunkards. He knew in the 18th and 21st Wards the laborers used ardent spirits almost to a man. The residents of the Wards support the liquor stores, which are in frightful abundance; in the 21st Ward there are one hundred embraced in five blocks. On the 17th August, 1853, when so many died of heat, he was struck with the fact, that he did not enter a house where liquor was not drunk. It was the laborers alone who seemed to suffer directly from the effects of the heat.

DR. FINNELL stated that the decomposition is very rapid in these cases of *coup de soleil*.

DR. HARRIS remarked that there was a very able paper upon the relation of the humidity of the atmosphere to sun stroke, in the *New*

York Journal of Medicine, in the autumn of 1853, by Mr. Bloodgood, of the Smithsonian Institution.

DR. WOODHULL stated that it was a somewhat remarkable fact, that farm laborers do not suffer much from heat; he thought it was owing to the fact that most of them wear green leaves in their hats. This was the case with the laborers in the Central Park, where no case of *coup de soliel* has as yet occurred.

DR. CHURCH stated that the history of most of the cases in 1849, brought into the New York Hospital, showed the bad effects of drinking too much cold water.

Bony tumor from internal condyle of Femur.—DR. VOSS exhibited a tumor from the femur, which he removed from a woman 22 years of age. It seemed before its removal like a crust, and its form was very peculiar, being attached by a sort of pedicle. It is of spongy structure, and over all its prominent portions a bursa mucosa has formed. It was first observed when she was 13 years of age, but still she suffered no inconvenience from it until last year.

Exostotic growth from great toe.—DR. VOSS also presented a small exostotic growth from the last phalanx of the great toe. The reason why it occurs there, said he, is unknown. It always occurs in persons under 30 years of age, most frequently from 14 to 25, and more often in females than in males. This was first described in 1770, by a surgeon in Versailles.

DR. BATCHELDER said that he observed that all exostotic growths in the situation first referred to were pedunculated, that the head of the exostosis extends upwards, and he was inclined to think that the pedunculated extremity was inclined to take the direction in which the muscles acted. This disease was very frequent in the country, the result of the kick of a cow, and is most always on the left thigh—most frequently met with in milkmaids. He did not recollect an instance where it was not caused by a blow inflicted upon that part of the thigh.

DR. PEASLEE never saw a case in a male, but had seen several in females.

Loose bodies from theca of flexor tendons of the middle finger.—These were presented by Dr. POST. The patient from whom they were taken was a woman 60 years old. She had been troubled with the affection for 6 years; at first the swelling was painful; this pain, however, ceased, the swelling still remaining. It extended over the phalanx, then into the palm of the hand, a distance of $2\frac{1}{2}$ to 3 inches. It was opened, and a number

of bodies, similar to those found in the wrist joint, escaped. They extended along the whole length of the swelling. He had never met with a swelling in that situation before. He referred to a case he had many years ago, viz., a bisac in the neighborhood of the wrist joint, which was cured by an injection of tr. iodine. An opening was made above the annular ligament, and it was injected towards the hand.

DR. CONANT saw one case where an opening was made through the annular ligament, which healed by granulations.

DR. PEASLEE stated that, by division of the ligament, the function was generally destroyed. He said they seemed to take their peculiar form from the fact that they were packed so close together. They seemed to be the result of a deposition of the saline ingredients in the secretion itself.

DR. CLARK stated if these bodies be subjected to a careful microscopical examination, they will be found to be made up of an aggregation of epithelium cells. A certain amount of saline material also enters into their composition.

Regular Meeting. Sept. 8, 1858. DR. ELISHA HARRIS, Vice President, in the Chair.

Encephaloid tumor.—DR. FINNELL exhibited several specimens; the first one was a large encephaloid tumor from the axillary region of a horse. It made its appearance a year since; at first increased slowly, but during the last few weeks its growth was very rapid. It had been subjected to different modes of treatment; escharotic applications were made, an opening had also been made in the tumor, and a seton established by means of a rope. All this was productive of no good whatever. There was no inflammation excited by the rope. At the time of removal the tumor had a thick neck hanging down into the axillary region.

Considerable difficulty attended its removal. Chloroform not being administered, the animal as a matter of course was very restless, and considerable time was occupied in the operation. The haemorrhage was very profuse. Simple dressings were applied some 10 or 12 days after the operation, and the wound was commencing to cicatrize nicely, and there was hope of a good result.

Renal Calculus.—DR. FINNELL's second specimen consisted of a kidney containing a calculus, removed from a man who died from fracture of the skull, the result of a blow. It was discovered by accident, on laying open the kidney. It has a peculiar shape, resembling one of the bones of the ear. (*Malteus.*) The process penetrated itself into one side of the pelvis of the kidney, but not in such a

manner as to prevent the free passage of the urine into the ureter. The other kidney was healthy. There was no inflammatory action around the calculus.

Portion of dura mater.—DR. F.'s third specimen was a portion of dura mater, taken from a woman who died from intemperance combined with injuries. The membrane presents rather an unusual form, from the fact of its being stained with blood, without any corresponding extravasation upon the brain substance. He has never met with a similar case before.

The fourth specimen was the vena porta taken from the body of a woman who had a very marked cirrhosis of the liver. There are two little sacculated pouches upon the vessel, that look as if two little pieces of shells were thrust into the membrane. These formations seem to be deposited between the two coats, which appear to be healthy.

The fifth specimen was a *gunshot wound*, taken from the body of a man who died a week ago, in Mulberry Street. The party who fired the shot was standing, as was also the deceased. The ball passed directly through the third rib, close to the margin of the sternum, passing through the aorta, striking the spine, then taking a downward direction, lodged in the psoas muscle of the right side. The wound looked as if two balls were fired; one of the wounds, however, was made by the wad. He thought that the direction that was taken by the ball was quite peculiar.

DR. SCHILLING, in answer to a question by Dr. Clark, proposed at the last meeting, as to whether Jews were ever affected with tænia, stated that it was a mistake to suppose that pork was the only meat that produced them; in proof of which he referred to the fact that the Abyssinians are very frequently affected with the animal, and they never eat pork, but the beef that they eat abound in cystocerci. He saw an instance of a child in this country also, who was fed a year and a half upon raw meat. In this case, a tape worm made its appearance when the child was six years of age. The child had never eaten pork.

DR. HARRIS stated that since the last meeting he had heard of two cases of tænia, in the immediate vicinity of the College, (23d Street.) They were both Americans, and he had no reason to suppose that they were especially carnivorous.

Cent ejected from the Oesophagus.—DR. HARRIS then presented a cent that had been ejected from the oesophagus of a child, accompanied with the following history:

The child was 3 years old; the cent in question was swallowed by

him on the 22d of June, causing for a moment strong symptoms of strangulation, flushing of the face, &c. For a few days after he seemed to be troubled with slight nausea, and did not eat much, and often complained that "the cent hurt his throat;" but after a week or two he appeared to recover his usual appetite, and almost his usual activity; but in eating the more solid kinds of food, as bread, and especially the crust of bread, he would frequently stop eating suddenly and burst out into a cry of pain, telling us that "the cent hurt his throat." At such times his efforts to swallow were often accompanied by a peculiar noise in the throat. It was his custom, when troubled in this way, to leave the table and lie down on the bed. On the 20th day of August, after thus leaving his dinner and throwing himself on the bed, he vomited violently, and on examination we found the cent, covered on one side with a solid mass of bread adhering tightly to it. The child returned to the table and finished his dinner, and we heard no more complaint of "the cent hurting his throat;" nor did he afterward manifest any difficulty in swallowing. He has since enjoyed his usual health.

DR. HARRIS stated that the cent was evidently lodged below the top of the sternum; he did not wish to use any operative means, partly because he thought it would be ejected, but principally from the fact that the child had a wonderfully marked hæmorrhagic diathesis, and he did not wish to cause any abrasion of the mucous surface.

Anomalous Disease of the Knee-Joint. DR. MARKOE presented the following history of a case of disease of the knee-joint:

C—T. L—, 49, cashier, was admitted to the N. Y. Hospital, September 16th, 1858. He is a spare, nervous, and rather delicate man, of tolerably regular habits, and has had in early life no severe or seated disease. No tubercle or gout in his family. About 10 years ago had diarrhoea more or less for a year, and began about that time to have pains and stiffness in various parts of the body, increased in severity on the approach of stormy weather. At the same time he observed a slight degree of paralysis, both of motion and sensation, of the lower extremities, so considerable that his legs dragged in walking, and he would frequently stumble and fall. Five years ago he had the little toe of the right foot amputated, on account of caries following the too close paring of a corn. The partial hemiplegia and the wandering pains continued and slowly increased, until about two years ago, when he was sensible of a decided improvement, and soon after he observed some symptoms of urinary derangement, such as too frequent micturition and occasional turbidity of the urine, and for a time a degree of incontinence, which obliged him to wear a bottle.

About the middle of December last, after fatigue and exposure during a storm, he had a rigor followed by slight fever and the swelling of the right knee-joint. This was attended with but little heat and redness or tenderness, but with a great deal of pain of an intermittent character. It impeded the use of the joint so little, that during the whole of the attack he was able to go about with a cane. Some œdema of the leg and foot accompanied the attack. After this period, he noticed that on motion of the joint a grating, or, as he expressed it, a "munching" sound was heard, produced evidently by the rubbing together of altered synovial surfaces. On the 16th of January, as he was stepping from a stage, he felt a crack in the joint, as if something had given away, and immediately the limb became so useless that he had the greatest difficulty in reaching his home. In consequence of this accident, an attack of subacute inflammation of the parts again came on, and he was for a time confined to his bed. This attack soon subsided, leaving the limb free from pain; feet still entirely useless for support or walking. I first saw him about two months after the accident. The limb was then considerably emaciated, and unduly moveable and loose in the region of the knee. This region was irregularly enlarged, which increase in size was due as much to displacement and overlapping, as it were, of the articular extremities, as to enlargement of the bones themselves; which enlargement, however, was evidently to be perceived, and was attended with irregularity of surface, not unlike that which surrounds the joints in some cases of chronic rheumatic arthritis. The displacement was such that the end of the femur was thrown forwards and outward, while the head of the tibia projected backwards and inwards. With this was associated a great degree of relaxation of the ligaments, such that the knee could be bent in almost any direction, and he himself could throw it about in a most extraordinary manner. There was no pain or tenderness of handling or motion. On feeling further, it was discovered that the inner condyle of the femur, embracing a large piece of the bone, was detached from the shaft and moveable upon it. On the outer and anterior aspect of the joint there is another but smaller piece, which appears to be loose, and to move independent of the shaft. No fluctuation, and no thickening of the integuments over joint. The motions all give a rubbing or cracking sound, or rather sensation, but without pain. The whole limb, from the ant. sup. spine to the malleolus, is $1\frac{1}{4}$ inch shortened; while the femur of the diseased side, measured from the trochanter to the outer condyle, is $\frac{3}{4}$ inch longer than on the opposite side.

His general condition is good, pulse 75, tongue clean, digestive system in good order, urine natural, though at times turbid. Some occasional pains in the lumbar regions. The limb is so entirely useless, and he has received so little assistance from apparatus, that at his earnest request it was removed on the 20th September.

On opening the joint, a small quantity of dark, reddish, thin serum flowed out. The general surface of the synovial membrane was more vascular than usual, varying very much in different situations. The membrane itself was very much thickened and opake, and of a dull yellowish color. In several points thin patches of false membrane were attached more or less strongly to its surface. At other points there were great numbers of small villous-like projections from the surface, some of a larger size being single; others of a smaller size were seen in patches of varying shapes. The projections themselves mostly agreed, in having a base or neck of attachment, somewhat smaller than their free extremity, which gave them, when floated in water, a bulbous or pyriform appearance. Some of the larger of these appendices felt hard, as if they contained the elements of cartilage, which indeed the microscope showed to exist in them, mingled with fibrous tissue. There were no loose bodies found in the joint.

The cartilages of iuerustation partook of the dull, opake, yellowish appearance of the synovial membrane, and were much thinner in many places than they should be. They were entirely absorbed in only two or three patches, where the exposed bone seemed healthy.

The ligaments surrounding the joint were very much relaxed, though thickened, and in several points around the margin of the head of the tibia bony masses had formed in their substance. One of them, of considerable size, seemed in part to be developed in the substance of the semilunar inter-articular cartilage. The crucial ligaments were gone, and the place of their tibial insertion was occupied by a patch of small bulbous villosities. The greater part of the external and the whole of the internal semilunar cartilages was gone, only about one-third of the ring of the external remaining, which was not much altered from its usual appearance, but terminated abruptly, both anteriorly and posteriorly, by being confined in the thickened and villous fibrous folds of the synovial capsule. A separation by fracture was seen to exist of the internal condyle from the shaft of the femur. This fragment was displaced a little upward, and remained connected to its neighboring bone by well-organized fibrous bands, leaving a space between the femur and the fragment of condyle, into which the finger could readily be passed. This space seemed lined by a new synovial

membrane. The laxity of the union permitted very free motion of the fragment, and accounted in a great measure for the looseness in the movements of the joint, and for his entire want of power to support himself on it.

The bones were somewhat enlarged in the neighborhood of the joint, but appeared to be free from any morbid condition. The surface showed some exostotic irregularity, and the periosteum was thickened.

Sacculated Aneurism of the Arch of the Aorta.—DR. G. BUCK exhibited a specimen of sacculated aneurism of the aorta, causing pressure upon the trachea just above its bifurcation.

Wm. C., et. 44, a sailor, entered Dr. Bulkley's service of the New York Hospital on the 13th August, in the following condition: face anxious and livid, pulse 132, dyspnoea marked, inspiration short, expiration very much prolonged, no dullness on percussion, no rales, vocal resonance normal, vascular murmur not audible.

The dyspnoea, which constituted the most prominent and distressing symptom, was variable, sometimes almost running into apnoea and again subsiding greatly.

The diagnosis was spasmodic asthma, and the treatment, anti-spasmodics, including large doses of Hoffman's Anodyne, tr. lobelia, tr. bellad., tr. assafet., and chloroform, the latter by inhalation.

The Hoffman's Anodyne and tr. of lobelia, and the inhalation of chloroform, afforded slight temporary relief.

Six days after admission he had some mild delirium, which continued two days. From the 21st to the 30th inclusive, he had no dyspnoea, and his pulse fell to 93, and his general condition improved.

On the 30th an examination of the chest by Dr. Danach, the resident physician, revealed the facts of uniform resonance, clear respiratory murmur, particularly on right side, bronchial respiration at upper angles of scapulae, distinct on right side, faint on left, and in front over sternal ends of clavicles amounting almost to pectoriloquy.

On the 4th of September the bad symptoms again returned, and on the 20th, in a paroxysm of dyspnoea, he died.

The autopsy, made three hours after death, showed six fluid ounces of serum on surface and in the ventricles of the brain. The lungs crepitated fully, and were slightly emphysematous.

The heart was normal; but the aorta, as far as examined, presented atheromatous patches, and from the posterior wall of its arch a small false aneurism sprung, which pressed upon the trachea half an inch above its bifurcation. The left pneumogastric nerve was closely related to the tumor.

Regular Meeting, Sept. 22d, 1858. DR. HARRIS, Vice President, in the chair.

Cyst from Neck of the Bladder.—DR. FINNELL exhibited remains of a serous cyst, which grew from the neck of the bladder in a married lady, the mother of four children. It was first discovered in her first labor, and her medical attendant supposed it was a prolapsed bladder. At that time it pushed out from the vagina so as readily to be brought in sight, and as it gave her little or no trouble nothing was done for it. Becoming pregnant a second time, the tumor again made its appearance; this confinement passed off without any trouble, as did also the third and fourth. She had been seen by several gentlemen, who thought it was prolapsus of the bladder. He, Dr. F., was requested to see her a few days after her last delivery. On separating the parts, a large cyst, capable of holding $\frac{3}{4}$ vj. of fluid, was brought into view, hanging by a pedicle as large as the little finger. A ligature was applied around its neck, which caused the sac to burst, and the shrivelled mass separated on the eighth day.

Aneurism of the Aorta.—DR. KRAKOWITZER exhibited a specimen, from a man between 40 and 50 years of age. He was healthy until seven years ago, when he had an attack of rheumatism, which was not associated with much febrile action, however. The attack was not even sufficiently severe to oblige him to keep his bed. The pains seemed to be confined to the lower extremities generally, the joints not being involved. Since that time he has been subject to wandering pains, complaining of symptoms, which, in consideration of his previous habits, seemed to be owing to impaired digestion. He was addicted considerably to the use of intoxicating liquors.

It was not observed that his general health began to decline until about ten months ago, when he complained of getting out of breath easily, at the same time suffering from pain in his chest and a short cough. He was a grocer, and followed his business outside and in, until last spring, when he was forced to remain indoors. He continued about his store until two months ago, since which time he was confined to his bed. He was examined twice during the last fortnight of his illness. There seemed to be no marked difference in his physical symptoms at each time he was examined, though the secondary symptoms varied considerably. He was a man of medium stature and muscularity; his skin was quite pale; his face was considerably bloated and somewhat livid, and his eyes had a tendency to protrude from the sockets, with a dull, languid expression. He seemed to favor also a reclining position of the body, experiencing great discomfort in any other position. When he examined him he recognized a small pulsating

tumor, about the size of a walnut, in the space between the second and third ribs on the right of the sternum. The skin covering it had the normal condition. The tumor was elastic, and could easily be diminished by pressure. The impulse over the heart was abnormally extended towards the left; the percussion was dull in a transverse diameter to the extent of four inches, and in a longitudinal diameter to the extent of three inches. The dullness extended to the right as far as the situation of the tumor, and immediately around it; everywhere else the percussion was normal, as also was the respiratory murmur. On the second examination he detected little rales at the top of each lung, and a small amount of bronchial respiration on the right side. The sounds of the heart were normal, and were not strong at the apex. At the base of the lung, along the course of the aorta, there was a blowing sound discovered, which could be heard over the manubrium of the sternum, which was synchronous with the pulsations of the right and left subclavian, right and left carotids, and femoral. The pulsations of the femoral were somewhat weaker than the carotid, while the pulsation of the left subclavian was the strongest. This respiration was of course quick and labored. There was serous effusion in the abdomen, and some swelling around the ankles. The urine was not examined. The medication consisted in following out the indications given by the symptoms. He finally died from exhaustion and suffocation.

The post-mortem was made twenty hours after death. On removing the sternum, at the place where the pulsating tumor could be seen and felt, it was found that an aneurism existed. This was adherent to the intercostal space between the second and third ribs, the muscular tissue at that spot being considerably thickened. The lungs were free from any organic disease, except two small spots of tuberculous deposit in the apex of each. These organs were filled throughout with a great quantity of serum. There was a little effusion in both pleural cavities. The heart laid in a transverse position, almost exactly in a horizontal line; the base being to the right and apex to the left. It was hypertrophied to twice its ordinary size; this was mainly due to the hypertrophy and dilatation of left ventricle, the right ventricle being very little affected. The mitral valve, with the exception of its being thickened at some parts of its margin, was normal and sufficient. The tricuspid, with the exception of its being a little thickened, was also normal and sufficient. The aorta at its origin, as is here seen, swells out into an immense sac, which can be easily filled by the two fists; gradually tapering down until it becomes thoracic; then the artery resumes its natural calibre. The origins of the inno-

minata, left carotid, and subclavian are distinctly seen. The origin of the left subclavian seems somewhat enlarged, which accounts for the stronger impulse which it had. The inner coat of the aneurism presents the usual appearance; the aneurism must have existed a great while, considering its size. There is a small amount of atheromatous deposit between the inner and middle coats of the artery. There can be seen a little sacculated protrusion from the aneurism, corresponding in size and situation to the tumor felt protruding between the second and third ribs. The abdominal organs were not examined.

Regular meeting, Oct. 13, 1858. ELISHA HARRIS, M.D., Vice President, in the chair.

Case of Traumatic Tetanus.—DR. JAMES R. WOOD exhibited the brain and spinal cord of a patient who died of traumatic tetanus.

The patient from whom this specimen was taken was a lad fifteen years of age, who entered the hospital last Thursday. The history which he gave was as follows: About seventeen days previous to his entering the hospital, he injured the little and ring fingers of left hand; the fingers were removed shortly afterwards. At the time he was received into the hospital he had the symptoms of tetanus. There was stiffness of the extensor muscles of the neck; more or less dysphagia; there was also a good deal of trismus, which was not, however, so marked as the other two symptoms. He was placed under treatment at once. The treatment was that pursued by some of our oldest and most experienced practitioners, viz., opium and whiskey. He took about 80 ounces of this liquor from the time he entered the hospital, on Thursday, until he died, on Sunday evening. During all this time he was kept fully narcotized, having taken about a 3j. of morphine. The respiration at one time was down to eight per minute. The symptoms abating on Saturday, two days after entering the hospital, the opium and alcohol was diminished in quantity, so that the respirations at the time of his death were about twenty-eight per minute; but his pulse was quick, and very different from the pulse of a patient who is much under the influence of opium. The spasms ceased on Saturday, as did all the tetanic symptoms, and he seemed to die of pure exhaustion. He died comatose, on Sunday, without a rigid muscle and without a struggle. This case illustrates what has been frequently contended for here, that if a patient could be kept alive long enough to wear out the disease, being supported at the same time, that he might, in many cases, be saved. If this boy had enough vitality left after the disease had exhausted itself, he would, in all probability, recover. Such, however, was not the case.

We have here the spine, brain, and a portion of the spinal column. Examining the specimen carefully before the Society, he could not detect any trace of disease, either in the brain or spinal cord; every part seemed to be in a healthy condition, with the exception of a small quantity of coagulated blood outside the capsule of the cord, which he thought was due to the preparation of the parts.

Many of the members had met with similar cases, where there were no post-mortem changes; still that was no reason to him why they should not continue their investigations until they should at length be rewarded with success.

DR. SEWALL had treated four cases of tetanus: two were traumatic and two idiopathic. The two that were idiopathic recovered. They occurred in boys. One of these cases lasted some three or four weeks, and the severity of the symptoms was apparently as great as in the two traumatic cases, which died.

DR. MCCREADY asked if it was not a rule that, when a case lasted over four or five days, recovery was pretty apt to take place, while the fatal cases generally terminated before that time.

DR. WOOD thought that was the case.

DR. MARKOE stated that he did not have much experience in idiopathic tetanus. One of the worst cases of tetanus (traumatic) that he had ever seen was in a patient who had been severely burned upon the foot by treading upon some lime; four weeks after tetanic symptoms came on, and terminated fatally. He could call to mind several cases where tetanus had occurred without any recent injury. He had noticed that they very frequently came from burns.

The discussion was continued, and reference was made to the frequent occurrence of tetanus (idiopathic) in some localities, as the eastern portion of Long Island.

Enlarged Thyroid Body.—DR. CONANT presented an enlarged thyroid body, taken from a patient 35 years of age, with the following history:

Mrs. J. O'H. first discovered an enlargement of the left lobe of the thyroid body some eighteen months since. At first it gave her very little trouble, but in a few months it began to enlarge so rapidly that she applied to a physician for advice. January 3d, 1858, Dr. C. first saw it, at which time the left lobe and isthmus seemed to be affected. The tumor was about the size of a large flattened orange, projecting very considerably in front. The patient's general health was good.

Dr. C. did not see the patient again until Saturday, October 2d, when the tumor was considerably flattened, and extended back upon

the left side as far as the border of the trapezius muscle, and deep into the neck as far as the transverse processes of the cervical vertebræ, downwards to the under side of the left clavicle, and upwards beneath the border of the inferior maxillary bone. The trachea was crowded to the right, as ascertained by auscultation, so that it was partly under the border of the sterno-cleido mastoid muscle. The tumor was hard and nodulated upon its entire surface, and so interfered with inspiration that the patient seemed in danger of fatal suffocation at any moment. Dr. C. proposed tracheotomy as the only present relief. After due consideration it was decided that the attempt should be made early the next morning, (Sunday,) when at eleven o'clock Dr. C. visited the patient, prepared to operate. The patient had suffered slightly less than the night previous, and was anxious for the operation to be done.

She was placed in a chair, and chloroform administered, there being present Dr. Bassett, Messrs. Holmes, Stangenwald, Wyre and Roberts, who were medical students. On account of the imperfect inspiration, it was some thirty minutes before she was completely under the influence of the anaesthetic, and about fifteen drachms of chloroform were used. The incision was made along the anterior border of the right sterno-cleido mastoid muscle down to its sternal origin. The external veins were all very much enlarged, and the venous haemorrhage was quite free. The tumor was found to extend over the entire trachea, and at this point was near an inch thick, and so exceedingly vascular as to bleed profusely upon the slightest laceration. The dissection was carried down until the finger could detect the pulsations of the innominate. Fearing fatal haemorrhage if the tumor should be cut through, it was deemed advisable to close the wound, which was accordingly done. Here, again, was found the labored inspiration interfering with the restoration of the patient from the effects of the anaesthetic; so that for more than sixty minutes the life of the patient seemed to hang upon a thread. After the effect of the chloroform had passed, she remained as comfortable as before, until the following Wednesday, when, in the afternoon, she began to sink, and died at ten in the evening, without a struggle, going apparently into a quiet sleep.

By her own request, previously expressed, Dr. C. removed the diseased mass, weighing one and a quarter pounds. On examination, it was found that only the left lobe and isthmus of the thyroid body were affected. The thyroid cartilages were flattened and distorted; the trachea flattened, and the septum, between it and the oesophagus, is

made nearly an inch thick, by deposit in its areola tissue pressing far into the posterior wall of the trachea. Two or three grape-like projections were found just above the rima glottidis, which were somewhat ulcerated. The carotid artery, jugular vein, and pneumogastric nerve were entirely enveloped by the mass; and the vein was so filled and distended by the organized material, as to be rendered entirely impervious to the circulating blood. The sterno-cleido mastoid of the left side is so changed when it is in contact with the tumor, as to be with difficulty distinguished from the remainder of the mass. A portion of omo-hyoid, sterno-hyoid, sterno-thyroid, thyro-hyoid, and some of the elevators of the larynx were in the same condition.

Dr. C. has little doubt of the cancerous nature of the disease, though he has had no opportunity to make a microscopic examination of the tumor.

DR. WOOD remarked that the removal of this body (thyroid) is uniformly attended with fatal haemorrhage. He referred to one case of a removal of this body by Dr. Mott. Before he cut the tumor away, he ligated it by a needle armed with four ligatures, so that each thyroid artery was secured as they approached the body. The patient lived a week and died of haemorrhage, one of the ligatures slipping off one of the arteries.

He referred to another case, occurring in the practice of Dr. Wm. Anderson, who cut directly into the tumor, and the patient died upon the table. He knew of several similar results occurring in the practice of other gentlemen.

He did not think this body could be cut into with safety, unless in scirrhouis disease of the organ.

DR. MARKOE remarked that the operation for the removal of this body had been performed successfully by the German surgeons. He knew of six or eight being reported.

REVIEWS AND BIBLIOGRAPHY.

Lectures on the Principles and Practices of Physic. By THOMAS WATSON, M.D. With additions, by D. FRANCIS CONDIE, M.D. Philadelphia: Blanchard & Lea. 1858.

We remember, when a student of medicine in our first year, we borrowed from our venerated preceptor a copy of Watson's Practice,

the second edition. We were but poorly instructed in anatomy and physiology, and knew little or nothing of the multiform agents of the *materia medica*. Nevertheless we read on, fascinated with our author and his subject, and not the Arabian Nights or Robinson Crusoe had so captivated our youthful mind as did these lectures on the science of disease and its movements. This book was the most thumbed, the most studied, the favorite during our pupilage, and for a year or two after. Since then we have read many other systematic treatises on disease, but none with the same pleasure with which we used to pore over this volume. And, indeed, we can think of no other medical writer (unless, perhaps, we except Mr. Paget and Dr. Latham) whose style is uniformly so clear and captivating, and whose mode of teaching is so admirable, as is that of Dr. Watson.

The volume before us is the "new American, from the last revised" or fourth London edition. Since the publication of the first, fifteen years ago, the science of medicine, as every one knows, has made great strides. The students of the microscope and analytical chemistry, of botany and pharmacy, have been zealously at work, and their labors have almost revolutionized the practice of physic, and in many respects its theory too. But Dr. Watson has availed himself of the researches of these workers, and made the present edition a transcript of the knowledge of the times. In his lectures on Inflammation we are given the result of the studies of Messrs. Wharton Jones, Simon and Paget; while in relation to its treatment in past times and of late by blood-letting, he gives in a long foot-note the points of discussion and variance which have appeared in the journals during the last year or two, and, as we think, puts the whole question at rest, when he says, "I am firmly persuaded, by my own observation and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession; and that we are at present living amid one of its adynamic phases."

On the subject of Continued Fevers, our author makes use of the able and instructive writings of Dr. William Jenner, of London, and of our own countryman, the late Dr. Elisha Bartlett. The views of the former, as to the distinctive features of typhus and typhoid fever, are fully embraced, and the differential diagnosis clearly shown and elucidated.

In the lectures on Diseases of the Kidneys, we are furnished with a resume of the labors of Sir Benjamin Brodie, Bence Jones, and of Drs. Owen Rees, and Golding Bird. The subject of Bright's Disease and albuminous urine is fully treated, with the new facts in relation to it;

and about half a lecture is devoted to a consideration of the new "Addison's Disease" of the supra-renal capsules. In the lecture on Diabetes the student is shown how to manipulate by *Moore's* and *Tremmer's* test for sugar.

In fact we are led to wonder, as we turn over the pages of this new volume, how Dr. W., amid the many duties of a large professional business, has found time to read the many valuable monographs, reviews and fugitive articles which have appeared from the medical press during the last ten or twelve years. It is a proof alike of his industry and of his conscientious and sincere regard for the profession of which he is so distinguished a member and teacher.

On the whole, we regard Watson's Practice of Physic, as we have always regarded it, as the best systematic treatise extant on the subject of general medical pathology and therapeutics; the best for the student, because it cannot fail to inspire him with love and enthusiasm for the study of disease, and the best for the practitioner, because a perusal of its pages will serve to rekindle that enthusiasm, and because its teachings are so eminently practical and trustworthy.

The edition before us is interspersed with some very good, and a great many very bad wood cuts, illustrative of the text, and borrowed from Williams, Paget, Hughes Bennett, Gross, and others; and, like the former American republications of this work, the present is edited by Dr. Condie, of Philadelphia. We presume it has been the aim of the editor to bring this edition fully up to the times. But we are unwilling to thank him for his pains. He has succeeded very materially in increasing the bulk and clumsiness of the volume, without adding to its intrinsic value. We have a long note on Yellow Fever, another on Bilious Remittent Fever, and still another on Cholera Infantum, either of which we regard as out of place in this book. The American student would naturally look at home for the necessary knowledge on home diseases. And this leads us to say, that we hope the time is not far distant when physicians in this country will no longer consent to place their names on the title-pages of English books, except under very peculiar circumstances. In most cases it is an impertinence and a contemptible way of gaining notoriety by means of the labors of other men. In conclusion, we hope that when the next edition of Watson's Practice is called for, Messrs. Blanchard & Lea will issue it in two volumes. The additional expense would be trifling compared with the great advantage the student would gain in reading a more easily managed and portable volume.

Proceedings of the American Pharmaceutical Association at the Seventh Annual Meeting held in Washington, D. C., September, 1858. Philadelphia: Merrihew & Thompson, Printers. 1858. Pp. 488.

This is a publication which entitles the Association, under whose auspices it is published, to much credit for the material contained, the style of publication, and the promptness with which it has been presented to the country. It would be well if the Committee of publication of the American Medical Association would imitate their brethren of the pharmaceutical profession, in their promptness. Here we have a respectable sized octavo volume furnished the members within three months of the date of the meeting of the Association, while our medical Committee has *not yet* published the proceedings of our May meeting. As almost the entire value of transactions of associations depends upon their being spread before the public before their facts and discoveries have grown stale, it is in reality a great annoyance to be deprived of their freshness by delays in their passage through the press. Is there no way of remedying this evil?

On a hasty examination of this volume, we are strongly impressed with the indications it affords of the existence of a spirit of investigation among the pharmaceutists of our country. They are no longer willing to be mere vendors of drugs, which they only know by name, and whose adulterations they have not sufficient knowledge to detect; they are looking upon their profession as one which demands quite an extensive knowledge of Natural History, Botany, and Chemistry, in addition to an acquaintance with manipulation; they are striving to make themselves true aids to medical men, without wishing to interfere in the proper sphere of the latter. Such honest efforts have given rise to the formation of the American Pharmaceutical Association, whose objects are declared by the Constitution to be: The improvement of the drug market, the establishment of proper relations between druggists, pharmaceutists, physicians, and the people, the improvement of the science and art of pharmacy, the regulation of the apprentice system, and the suppression of empiricism. We congratulate the Association on the progress thus far made in their good work, and suggest to our medical brethren that it is time to take care lest, on those subjects which are common to both pharmacy and medicine, they may have their deficiencies brought out with the fullest glare of light by a contrast with the progress and improvement of the pharmaceutists of their vicinage.

Ignorance of medical chemistry is deplorable in a physician, but ignorance of *materia medica* is something that has been tolerated too

long by the community. We complain if an apothecary's clerk puts up a *wrong* article in a prescription, and we insist, with all the vehement eloquence that we can command, on the State alone having the right to issue permits for the practice of pharmacy, on a thorough examination. And it is right that all the education, that may be necessary to make a man an intelligent dispenser of drugs, should be required. But, on the other hand, is it not as imperative a duty that physicians should be at least acquainted with the proper names of the medicine they prescribe; and how can we expect that the medicines intended will be procured, unless the apothecary is furnished with the *officinal* names which the U. S. Pharmacopeia recognizes as authorization? *Hydrargyri chloridum mite* is written calomel, protochloride of mercury, or called a muriate and sub. muriate, *at the whim* of the prescriber, and these arbitrary names are translated into a species of Latin of the most ungrammatical character. The same free style of treatment is adopted with all the agents in the *materia medica*. But while condemning such carelessness in physicians, and placing full confidence in the statement that "the files of physicians' prescriptions now present a sad complication of ignorance, carelessness, and even recklessness, in all the forms of bad Latin, bad spelling, &c.," and being disposed to favor the adoption of any rule to ensure a removal of this opprobrium, we are sure that the members of the Association cannot approve of some of the thoughts in the essay on "Professional intercourse between the Apothecary and Physician!" Think of the suggestion that apothecaries are *bound* to give their opinion as to the professional qualifications of physicians when asked by their customers, and that "it cannot be expected that apothecaries should relinquish by far the greater and most remunerative part of their business, that is, the sale of nostrums, &c. &c., to accommodate the mere whims of the medical profession;" basing the opinion that if all the duties of the pharmaceutic profession are performed unexceptionably toward the medical fraternity, the practitioner of the former may follow "the established principles of trade, and pay close attention to the channel into which it flows, and which pays *the best remuneration*." We like not quackery, and we are satisfied that the words just quoted will not find echo in the hearts of those who laid down, as one of the objects of this Association, the suppression of empiricism. With the system of ethics involved in this essay we can have no sympathy. It is as bad as that of the formalist, who hopes, by accomplishing certain duties, to have the right of acting *in general* as he pleases. Quackery

in both professions must be put down by *uncompromising opposition*, and not by a system of compromises.

The *Report of the Progress of Pharmacy*, by F. Stearns, of Detroit, consists of a resume of important additions made to the art and science during the past year. *The syllabus of a course of study* has been prepared, with the view of meeting the wants of such apprentices as are not able to avail themselves of regular instruction, under the supervision of Prof. W. Procter, of Philadelphia. We are, on the whole, very much pleased with this syllabus, which will be found very useful for this class of students; but an examination of it only makes us anxious for the appearance of a larger treatise, covering the whole subject, from the pen of the same able pharmacist.

The *Report on the Revision of the Pharmacopœia* contains the opinions and suggestions of the Committee as to such alterations as the next decennial convention may be called upon to make, in the preparations hitherto, or that may then be hereafter determined to be officinal. Among these suggestions we notice the deserved prominence given to the process of displacement, which is also very handsomely treated in a separate article by Prof. Grahame.

The Medicinal Plants of Michigan, and *the Peppermint Plantations of Michigan*, are two papers which are very lucid, and exhibit the pains-taking character of their author, Mr. Stearns, of Detroit. One of the most valuable, if not the most valuable paper in the volume, is by Dr. Squibb, of New York, and is entitled, "*Notes and Suggestions upon some of the Processes of the U. S. Pharmacopœia*." It exhibits the results of thorough acquaintance with theory as well as the practical details of preparation. Dr. S. gives such alterations in the directions for the preparations as his experience has suggested. We regret that we have not room to notice some of these. A simple test, which he suggests, of the presence of adulterations in nitrate of silver is worthy of notice, as being useful to the physician as well as to the apothecary. "A small fragment of nitrate of silver, crushed to powder with a knife blade, upon a piece of paper, the powder spread out over the paper, and the paper and powder then rolled up into a match-like roll, twisted, set on fire and burned, leaves a tasteless residue of pure silver. But if the nitrate contains even one per cent. of any saline impurity, the residue, instead of being tasteless, will have the sharp alkaline taste of the base of the adulterating salts."

Physicians will find this volume an interesting addition to their libraries, that will more than repay them for the price (\$4.00) at which it is published.

L. H. S.

The Institutes of Medicine. By MARTYN PAYNE, A.M., M.D., LL.D., Professor of the Institutes of Medicine and *Materia Medica* in the University of the City of New York, &c., &c. New York: Harper & Brothers, pp. 1095.

There is nothing of indistinctness in the doctrines taught by Dr. Paine. He knows what his opinions are, and why he holds them, and we thoroughly relish and enjoy the quiet confidence with which he maintains them, though evidently aware that, as to numbers, the majority are against him. Chemical physiology and humoralism he holds in supreme contempt, and declares constant, perpetual, active war against them. Hear his first sentence: "Solidism and vitalism will form the basis of these Institutes." It seems as if a full-armed knight had stepped into the arena before us, and thrown down his gauntlet to all his enemies. We see the glistening of his armor, his waving plume, his firm, but elastic tread, and his good lance and sword. We admire him, though we are not of his party, and hope to try a joust with him yet. Meantime, if some one will help us down from our horse, we will say in less figurative language, that we hope to be able before a long time to examine Dr. Paine's doctrines at some length, important as these subjects are in a practical view. The book will be a useful one for persons who think for themselves, for it is eminently suggestive, even to those who differ from the author. With this brief notice, we must say *au revoir*.

P.

The New American Cyclopaedia: A Popular Dictionary of General Knowledge. Edited by GEORGE RIPLEY and CHARLES A. DANA. Volume IV. Bronson—Chartres. New York: D. Appleton & Co., 1858, pp. 766.

The appearance of each new volume of this Cyclopaedia makes us more and more anxious for the appearance of the last, so that we can have the benefit of the full set for our daily reference. All the old encyclopedias have become too old for the use of this active, thriving, and advancing age, and the American effort in this department is prized, as it contains the modern discoveries that have elucidated many subjects, which are either unnoticed or indifferently noticed in its predecessors. In looking over the present volume somewhat hurriedly, we are pleased with its general accuracy in matters connected with science and medicine. Errors there are, (and it would be impossible to avoid some,) which should not have appeared upon its pages. For

instance, in the article on *charcoal* the writer seems to be ignorant of the late investigations of Dr. Stenhouse. He speaks of "the *antiseptic* properties of charcoal making it a valuable material for preserving meats on long voyages, by burying them in it in close vessels." Dr. S. has clearly shown that charcoal has *no* antiseptic properties, despite the authority of all the text-books to the contrary. Indeed meat *will* decay much more rapidly in it, under equal temperatures, than in the open air; but, in consequence of the deodorizing properties of the charcoal, no offensive odors are given off. If we accept the *nose* as the *only* test for putrefaction, then charcoal is an antiseptic; but if we judge of this process by the loss of weight undergone, we shall find charcoal has no claim to the title.

We regret in the notice of the *cæsarean section* that our countryman Prof. Gibson has not been named. His case of double cæsarean section in the same woman, where the lives of the mother and two children were saved, is one of the most wonderful on record, and certainly deserved a place in an article on the subject in an American book, where the operation is noticed.

In the preparation of the succeeding volumes additional pains should be taken to prevent even slight errors, so as to make the Cyclopædia in every respect fitted to be our national book of reference—a position it must occupy in our literature.

L. H. S.

The Uraemic Convulsions of Pregnancy, Parturition, and Childbed.
By DR. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with notes, by J. Matthews Duncan, F. R. C. P. E., etc. New York: S. S. & W. Wood, pp. 182.

This little book consists, in fact, of a single chapter of a new work in Midwifery by Dr. Braun, and has already been published in the Edinburgh Medical Journal. It is, however, worthy of the distinct form which it has received. It is an exceedingly technical and learned, but valuable essay upon this important subject. Its value is increased by Dr. Duncan's notes, the whole making a book which ought to be read by every practitioner who accepts calls in midwifery. P.

The Reprints of the British Reviews and Blackwood's Magazine.
Leonard Scott & Co.

Respected reader, have you not frequently, during the year past, sighed for some publication which you could take up with interest dur-

ing your moments of rest, which would be at the same time well written, interesting and valuable, while it had not the formality of history or flippancy of novels, and refreshed your mind by turning your thoughts away from professional subjects? If so, send for Leonard Scott & Co.'s reprints, (ten dollars will buy the whole,) and at the end of the year you will thank us for the suggestion. You need have no conscientious scruples about copyright, for they pay a large sum (more than 3,000 dollars annually) to the English publishers. You will find a large fund of information in them, many exceedingly well written essays, worthy not only of perusal, but study; and throughout the whole an air of elegant scholarship that will not only delight you, but exert an elevating influence upon your own habits of thought.

EDITORIAL AND MISCELLANEOUS.

—The congratulations, good wishes, and pleasant words which are appropriate to the commencement of the year, we offer to our readers.

Were we poets, perhaps we should inflict upon our readers some rhymes; but the poet was neither *born* nor *made* in us, and, therefore, we cannot claim, under the ruling of Horace, any right to try the measured composition.

Were we priests we might spread before our friends a sermon, moralizing upon the vanities of life and the little hold which mortal man has upon it. But we are not of the sacred office; and assuredly physicians, least of all people, need to be reminded how like the grass is all flesh. "In the morning it is green, and groweth up; but in the evening it is cut down, dried up and withered." This becomes a literal truth to those who are so frequently called upon to witness the sudden vanishing of lives full of value to their friends and to their country, and the equally sudden disappearance of those to whom life is just commencing, and who are surrounded only by the tendrils of a mother's affection.

But if neither priests nor poets, we are editors, and may be allowed, as such, to speak of our work, at least to our usual readers.

There has been, during the past year, no lack of work to us. When, a year since, the whole country and all its business was staggering

under the fearful blow which its financial relations had received, instead of doing as many of our exchanges did, take in our sail, by diminishing the number of our pages or increasing our price, we boldly increased the size of our publication, allowing the price to remain the same. This we did without wealthy friends to back us, unsupported by any partisan interests, and fully aware that we could not go to any of the profession with solicitations for pecuniary aid in our enterprise; and the result has justified our course. Never before has the MONTHLY had so large a list of subscribers as now; never so large a number of advertisers. Our pages have been well filled with articles from all parts of the profession. No animosity, no bitterness has disfigured its pages. Of the course of affairs abroad we have kept our readers informed, and that by direct application to the sources of information, not taking our news at second-hand. In short, we have made every exertion to give to our subscribers a publication of interest and of permanent value.

Few of our readers have any idea of the amount of labor which is required to do all this. The accumulation of exchanges alone is enormous, and it requires great diligence to select the best articles for reprinting; to collect original papers of value; to select from the proceedings of societies the most interesting portions; to prepare reviews and book notices; to write editorials at the proper time, on the proper subject, and in the proper way; each and all of these require labor, which is not the less wearying that it is no sooner completed than it must be again resumed. The proof-reading alone becomes a very great task, as one can judge from the fact that each page is read carefully at least three times before it is printed; and, notwithstanding this, errors will sometimes creep in.

Let it be observed, that we do not mention these things as whining over our task, but because we wish also to suggest to those of our subscribers who are in arrears to us, that something is due on their part, and *that* something is—*money*. Our payments are to be met in money promptly and regularly, and we have a right to ask our subscribers to do likewise. To those who are indebted to us, their bills have been sent, and we think we have a right to ask attention to them. Our terms are *advance* payment; but we have yielded so far to the custom of other journals, as to allow many subscriptions to run on when those terms have not been complied with; but we feel that we have a right to ask that our good nature shall no longer be imposed upon. If our subscribers who have lately received their accounts, will send us the amount, with three dollars additional for the

ensuing year, we will promise not to dun them till at least twelve months have passed. Come, gentlemen, we have trusted you one or two years; it is no more than fair that you should now trust us one, by advancing the amount for this year.

In what we have thus said, *de pecuniis*, we would on no account be understood to be unwilling to receive from our friends the names of new subscribers, with the money in advance; our hearts, our pockets, and our lists are open for all new comers—especially with the money before them; and, therefore, if any one from Maine to California, from Georgia to Kansas, desires to make us a new year's present of *three dollars* and a new subscriber's name, we will at once gladly acknowledge the same on a piece of paper, elaborately printed for that very purpose, and with our own autograph appended.

—The punishment of criminals is a subject of great interest to every thinking person, but one that is beset with very great difficulties. To punish on the one hand sufficiently, and on the other not excessively; to benefit the culprit as well as the community; really to reform the sinner, and not to make him a consummate hypocrite, are objects to be constantly kept in mind, and which cannot be all wrought out without many trials, and the correction of errors when observed, in the practical application of theories. To devise punishments is easy; but it is not so easy to devise proper punishments. Almost any man can invent ways and means of torturing his fellow man; but few can do so with good judgment and discretion. The inquisitorial tortures were ingeniously arranged, and with great care, so that their effect upon the life of the individual could be foretold by the practiced operator with the greatest exactness. From the cracking of a thumb joint to putting on the stretch every sinew and ligament of the body, could be exquisitely done; while the endurance of the prisoner could be so exactly estimated, that, if desirable, he could be carried to the gate of death and then be returned to life again with the utmost precision. Few would suggest that a return should be made to the methods of the inquisition, and yet we apprehend that racks, thumb screws, and other such appliances were not worse than many of the punishments which are inflicted in our state prisons.

The one which we now have particularly in mind is that of showering, which we have considered as barbarous torture and most dangerous to life, since we had occasion, several years ago, to examine its methods and its results. A recent fatal result from it, at the prison at Auburn, recalls these impressions to our mind. The following account of it we clip from the *Times*:

The Auburn Advertiser publishes the testimony taken at the coroner's inquest on the body of Samuel Moore, the convict who died recently in Auburn State Prison, while undergoing the punishment of the shower bath. John T. Baker, a keeper in the prison, testified that Moore was kept in the shower bath from half to three-quarters of an hour. Dr. Chas. A. Van Anden, physician at the prison, testified that, in his opinion, Moore could stand three barrels of water, properly administered, without producing death; and that he had seen three barrels administered, but thought that the death of Moore was produced by showering. The jury returned a verdict that "Samuel Moore came to his death in the State Prison at Auburn, on the second day of December, 1858, from a cause which we are unable to determine positively; yet we believe, from the evidence, that it was hastened by the punishment which had been inflicted upon him. But we have no reason to believe that said punishment was unusual in such cases, or that any of the officers of said prison were at fault in the matter." The Advertiser, in commenting on the case, says:

"The evidence, as to the amount of water that was let upon the convict, cannot be implicitly relied upon, from the fact that there were no means of ascertaining the precise quantity. The water is usually measured, so that the quantity applied may be positively known; but in this case it seems that the pump was put in motion to fill the barrel, while at the same time the water was let out upon the convict. In other words, the water was showered on the convict as fast as it was pumped into the barrel over his head. It also appears, by the evidence, that the pump was used until broken, and after that the water was dipped from the reservoir in pails, the water being almost at the freezing point. Taking the evidence as it stands, with the knowledge that almost the whole of it is from persons who would not certainly exaggerate the punishment, it must be admitted that the convict was showered to death. He went into the stocks a healthy, robust man, and came out, to all intents and purposes, *dead!*"

There are several ways of using water for a punishment, though they may be resolved into two by the similarity of their general principles. One of these is by allowing a large body of water, usually at least a barrel full, to fall suddenly and at once upon the prisoner, to be repeated again and again if the authorities of the prison deem it necessary. The other method is to allow a continuous stream of water, often of small dimensions, to strike the prisoner, who, in either method, is bound so that he cannot escape, and usually cannot move either hand or foot. Thus we have seen a man wrapped in a stout blanket and laid upon his back, being held in this position by attendants, while a stream of water from an ordinary garden watering-pot, without the rose, was allowed to fall about six feet, striking him in the same spot upon the middle of the forehead. This seems a very simple thing, and yet it will make the stoutest man beg as for his life in a

few seconds. Why—one can tell by trying it himself—when he will at the same time learn the meaning of the word torture. And yet this is the mildest, gentlest, and safest way of using water as a means of punishment.

That adopted at Auburn is the worst and most dangerous method, unfit to be practised in any christian community. It has repeatedly resulted as it did in this case, when administered carefully, and not with that recklessness or cruelty which marked the treatment of Moore. We could *almost* wish, that whoever administered the water, or superintended the administration of it, might have to try precisely the same treatment on himself; but we cannot find it in our heart to wish him quite so severely punished; we only wish that some Spanish inquisition could stretch him on the rack for a while.

As the jury felt that they were authorized to say in their verdict, that they "have no reason to believe that said punishment was unusual in such cases," and could find it in their hearts to deny "that any of the officers of said prison were at fault in the matter," we should at once mention their vicinity as a most desirable field for any one who wished to go on a mission to teach the principles of humanity to his fellow men. A better field this than Boriooola Gha.

We have no mawkish sentimentalism, which leads us to object to the punishment of criminals for petty offences committed in the prisons to which their great crimes have made it necessary to confine them; but they have a right to demand that their punishments shall not be more cruel than those which Alva used three centuries ago.

Let this disgrace to our age be at once abolished.

— At the Meeting of the Academy of Medicine, held Dec. 1, DR. SAMUEL ROTTON read a minority report "on Fluid Extracts." A portion of this report will be found in the MONTHLY for March, 1858. The present paper was a continuation of the experiments, by which the reporter showed that the Fluid Extracts, as now prepared, cannot be relied upon for uniformity of strength; that they are liable to destructive alteration, and that each parcel must be separately tested for its own therapeutic powers, rendering them consequently almost useless to the practitioner. The report was accompanied with drawings of *torulae*, the result of decomposition of the specimens examined, found upon microscopical examination.

MR. GROUX was present at both meetings in December, and afforded the members an opportunity to witness the singular conformation of the sternum, of which he furnishes an almost unique example. With his usual courtesy and patience, he labored hard to exhibit, and ex-

plain to all, the various experiments by which the motions and sounds of his heart and lungs are illustrated. In our last issue we gave at length the peculiarities of this case, and cited the opinions of many of the leading physiologists and anatomists of Europe. In the present number will be found the Report of the Committee of the N. Y. Pathological Society. At the Academy the subject was referred to the Section on Anatomy.

DR. J. W. CORSON read a paper "On the Management of the Shoulders in Examinations of the Chest," at the session of Dec. 1. At the subsequent meeting in December (11), the reading of this paper was continued, and several patients were brought before the Academy, and examined, to illustrate his views.

In this paper Dr. Corson announced two or three new physical signs. His theory was to make two levers and hooks of the arms and hands, shift the thick shoulder blades, *thin* the muscles before and behind, get nearer the lungs, and thus to hear better the sounds. He had given this a fair trial. These various plans he presented had been used successfully in some hundreds of cases in the dispensaries and in private, during the past year. The paper was illustrated by several large drawings.

There was an easy test of the principle involved. It was to place one forearm of a healthy muscular man behind his loins, while the other arm hung down loosely by the side. On carefully listening, and especially on percussing, below the clavicle or over the stretched pectoral of the retracted side, it would be found that the sounds were sensibly clearer, as compared with those of the front of the opposite lung.

To throw back the shoulders and bare the whole front, we needed the "first position." It was merely to hold the left wrist with the right hand behind the loins. This had many little advantages in blind cases: it gave symmetry, got rid of the arms, and fitted the coat or flesh closely for inspection, and tightened the muscles like a drumhead for delicate percussion. The "second position" was stated to be the common one of locking the hands over the head to examine the axillæ. The "third" crossed the arms at the back of the head, with the hands grasping near the elbows, so as to *hoist* the shoulder blades high up, and search for obscure pleurisy or pneumonia low down posteriorly.

It was very important in suspicious cases of cough to examine carefully the *top of the lungs behind*. For without any distinct signs in front, consumption—often mistaken for a mere throat affection—began here. A few scattered tubercles were apt to burrow beneath

the top of the shoulder. Here we needed the "fourth position." For this the patient crossed arms in front, slightly stooping, hooked the hands at the loins below the ribs, and then stretched upward to increase the tension, while the physician helped by pushing down the shoulders to the utmost behind. They were thus slid off, the muscles smoothed down, and the ear came closer upon the summit of the lung and heard better the sounds.

But, as worth more than all the rest, Dr. C. commended the "fifth position;" for, by natural machinery, it wrenched the shoulders forward out of their beds, widely severed them in the rear, often stretched out their muscles here like stout cloth, and thus quite uncovered the inner and upper part of the lungs behind. To accomplish this, the patient crossed his arms in front, with the stronger outside, grasped his shoulder-joints, pulled both strongly, and held fast, while the physician aided at the back by pushing as before. Even in health the breathing sound here could often be thus nearly doubled. He enumerated many delicate signs of consumption, pleurisy and pneumonia that could thus be brought out, and among the rest a new one like breathing through a layer of wet sponge, heard after or before the mucous rales of bronchitis, which he would name *moist respiration*.

He had, also, an interesting and really useful physical sign to communicate, which had hitherto escaped notice. It was comparative *stiffness* in the motion of the shoulder over the lung most diseased, on strong breathing as watched carefully from behind. For this he gave the "sixth position." It was to face the back of the patient a yard distant, near a window or white wall, and let him drop his arms; "as if dead," by his side, and breathe deeply, "like a man a little out of breath." The physician first "takes aim," like a rifleman, across the tops of the shoulders, and then draws nearer and watches the play of the "inferior angles of the scalpulae in breathing, with a movement like that of the fins of a fish." The paralysis might be either mainly "acromial" or "angular." Curiously enough this seemed to depend on the higher or lower location of the disease, which thus paralyzed the parts nearest. A very elegant way of testing "angular" stiffness, especially in a fully-clad lady, was to place the two index fingers, as "pointers," lightly on the lower ends of the shoulder blades, and watch their motion as she sighs.

This stiffness of the shoulder was least in recent attacks. It varied most in different stages of phthisis, was slightest in pneumonia, and greatest in pleuritic affections.

In reply to the question of the *originality* of these different suggestions which had been raised, Dr. C. stated that for a year past, excepting the "second position," in his lectures to students he has spoken of them as "novelties in the books," and as "belonging to the New York school." He has searched for them elsewhere in vain.

If it was *fairly* proved that he was mistaken, he would gladly make honorable restitution. In adopting these little improvements, he, Dr. Corson, was not aware that he was copying any other physician. He dwelt especially on the importance of timely warning to consumptives to change from dusty or unhealthy avocations and bad nourishment to fresh air, generous food, and suitable treatment. The faintest evidences of danger were then useful.

He commended these simple expedients as throwing new light upon one-third of the fatal diseases of the race. In consumption alone, he believed they added fully one-third to our means of detecting its earliest signs.

The discussion of DR. DALTON's paper "On the Anatomy of the Placenta," which will be found in the MONTHLY for July, 1858, was entered upon at the meeting of the Academy, December 11. DR. JOHN O'REILLY read an elaborate and lengthy paper on the subject, maintaining views similar to those anatomically demonstrated by Dr. Dalton, that the uterine vessels penetrate into the placenta, passing entirely through it, and in contra-distinction to those held by Harvey and others, that there was no vascular connection between the mother and foetus.

Dr. O'Reilly made an argument by analogy. He argued that as it was a prescribed law for arteries to terminate in capillaries, and veins to take their origin in them, so this anatomical characteristic must hold good for the uterine arteries and veins. He found a striking analogy between the anatomy of the placenta and liver. As in the latter the anatomical arrangement is a division into lobules in which the vessels of this gland inosculate, so in the placenta he finds the same division into lobules in which the uterine and hypogastric arteries inosculate.

An analogy was also drawn between the placenta and kidney, for the support of the view that the uterine vessels pass entirely through the substance of the placenta. In the kidneys, before the renal arteries send off their minute ramifications they pass to the bottom of the tubular bodies. So in the placenta, as Dr. Dalton has conclusively demonstrated, the uterine sinuses extend through its whole thickness, quite to the surface of the foetal chorion. Other analogies were made by Dr. O'Reilly to substantiate these views.

—The editor of the Gazette Hebdomadaire, of Paris, M. A. Dechambre, has been publishing in that journal the results of his observations in the treatment of phthisis pulmonalis by the alkaline hypophosphites, which is known as Churchill's method. Twelve cases were sent to him by Dr. Churchill, while they were under Dr. C.'s own treatment, and were examined at intervals by Dr. Dechambre during the course of the treatment; a careful note of the condition of the patient being made each time. He arrives at the following conclusions:

"Of the twelve cases of which I have made a statement, there are two in which I doubted, from my first examination, the existence of tuberculous phthisis, at least as being the chief of the local or general diseases of which it was necessary to notice the ultimate progress. In one of these two cases the general condition was improved, and the local disease remained stationary at the end of four months. In the other, all the disease had disappeared at the end of four months. Ten cases remain which can be called tuberculous phthisis, with every appearance of certainty. Of this number, in *one*, the local disease was improved at the end of four and a half months; in *one* it remained stationary at the end of four months; and in *eight* it was aggravated at the end of 4, 2, 3, 5, 4, $3\frac{1}{2}$, $4\frac{1}{2}$ and $3\frac{1}{2}$ months respectively. As to the general condition, in *five* cases there was evident amelioration; in *one* there was no appreciable change; and in *four* there was aggravation. In two of these last cases, it is true, the last note of M. Churchill makes no mention of the general condition, but my eyes assured me that this was far from being improved.

"After these results, it is impossible for me to attribute to the method of treatment adopted by M. Churchill any influence over the progress of tubercles, for we know very well that in this disease the disorganization of the lung is far from being continuous, even in the absence of all treatment; that, on the contrary, the evolution of tubercle usually presents periods of repose, during which the *rales*, consequent on congestion of the tissues or the secretion of liquid products, diminish or disappear. This is a point on which Dr. Austin Flint has lately insisted.

"As to the influence of the treatment on the general health, especially upon the fleshiness of the patient, as well as upon certain of the thoracic symptoms, I ought to say, that it has seemed to be quite apparent. Nevertheless, I should not dare to rest my opinion on this small number of facts; and, at any rate, I could not see that there was anything *specific* in this result. Many preparations, but especially cod liver oil, when phthisical persons first use them, have the effect of

at once restoring the flesh, the strength in a measure, and even of diminishing the cough and the expectoration; but this does not stop the tuberculous disease, which slumbers for a moment only, to awake and resume its work of destruction."

Poisoning by the External Use of Tobacco. From the *Journal de Chémie Medicale*.

A young man, affected with Herpes circinatus, which resisted all medication, was advised by a charlatan to treat it with the empyreumatic oil of tobacco. He collected a certain quantity of the liquid from the little reservoirs which are attached to some varieties of pipes, and rubbed it on the arm, the seat of the disease. At the end of a few hours he was seized with chill and cold sweats, and almost lost consciousness. Diarrhoea, vomitings, and delirium soon aggravated this condition. During the visit of his physician, the patient had an attack of lipothymia; no other cause for the attack could be conjectured in the case of the young man, as he was otherwise robust and healthy, and there was no doubt that it was a case of poisoning by nicotine. Exciting frictions, diffusible stimulants, and especially the cleansing of the part that had been rubbed, quickly restored him to health.

In a medico-legal point of view, this fact teaches that it is not only necessary in such cases to search for the cause of the disease in the matters contained in the digestive tube.

[In 1834, Mr. Chevallier made known to the French government the necessity of substituting tin foil for lead foil in the wrapping of tobacco; and in the following year a law was passed ordering that such substitution should be made. May not some singular affections, resulting from the use of chewing tobacco, be accounted for by the latter having acquired poisonous properties from the lead in which it was wrapped? The query is worth looking into.—*Eds. MONTHLY.*]

—*The Influence of Railroads on the Public Health*, is the title of a work by M. Devilliers, in which he has published the results of his investigations upon one of the long lines of France, the Lyons railroad. Placed at the head of the medical staff of the corporation—a connection entirely unknown in this country—he had unusual facilities for observation. The most interesting points to us are, that he finds that the engineers and firemen enjoy, on the whole, a greater degree of health than any other class of employees, including in his estimate the clerks, the men employed about the stations, those who work in the shops, and the laborers on the line. The bright light to which they are subjected does not injure their sight, nor do the rumblings

and noises harm their hearing. From being exposed to such constant blasts of wind from the motion of the locomotive, he supposed that he should find them particularly subject to diseases of the chest; but found that they were less liable to such difficulties than any other class on the road. The explanation given by the author is, that he supposes that the column of air to which they are constantly subjected has a tonic effect upon them, like a general douche of cold water. Two of the physicians of the Orleans road have mentioned that they have found a peculiar disease among their men, caused by the constant jarring of their locomotives. It commences with pains and numbness, and weakness of the lower limbs and in the knees and ankles; after a certain time making it impossible for them to continue in this employment. M. Devilliers, however, does not find any such difficulty. The men feel a little bruised when they get off from their machines, but this sensation soon passes off, without leaving any traces. In fact, those men, after a few months' employment, increase sensibly in flesh and in strength. The author's observation shows that innervation, respiration, circulation, and digestion are habitually stimulated by the life upon the locomotives.

The laborers on the road were found to be quite subject to intermittent fever, even in regions where this had not commonly been found. The author attributes it to the excavations left on either side of the road by the removal of earth for forming the road bed. These became filled to a greater or less degree with water, and are the nurseries of miasma.

A report on the work having been read at the Medical Society of the Department of the Seine, M. Gros stated, that after the construction of the railroad from Strasbourg to Basle, two of the most healthy and most flourishing *communes* of the Upper Rhine, Feldkirch and Bollwiller, were ravaged by intermittent fever. This disease, formerly unknown in that country, where there were no marshes, decimated the population of these villages, so that the authorities were compelled to interfere. The medical faculty of Strasbourg made an investigation of the subject, which proved that the disease arose from the movement of earth necessary for constructing the road, and from artificial marshes of great extent, which had been produced by them. The company was ordered to make some alterations for their sanitary effect. An outlet was given to the water wherever it was practicable; the bed of the other marshes was regulated, and now, sixteen years after the invasion of the endemic, the disease has almost disappeared;

but a whole generation finds itself still under the effect of a paludian cachexia of the most marked character.

After some discussion by other members of the Society, in which the effect of moving large bodies of earth, and turning it up to the sun, was declared to be the production of intermittent fever, though of a temporary duration where there is no standing water. M. Gros remarked that the evil influence of the excavations in which the water remained of necessity, from the impossibility of drainage, could be avoided in a measure by giving the proper form to the banks. When these are sloping a more or less extensive surface is alternately covered by the water and exposed to the air. This seems to develop a great quantity of miasm when the water is low. On the other hand, cut the bank perpendicularly, and you will almost entirely get rid of the miasma which produce intermittent fever. This experiment has been tried on a great scale on the plain of Alsace.

Perchloride of Iron in the Treatment of Acute and Chronic Urethritis.

By M. BARUDEL.

The researches of M. Barudel show that the perchloride of iron, besides its haemostatic properties of which so frequent use is made, has, when given internally, a very manifest sedative influence on the general circulation. In thirty patients subjected to the treatment, the pulse, which was from 70 to 80, fell on the second or third day to 60, and even 50 a minute. The salt, moreover, did not produce in the stomach any cramps, pinchings, drawings or uneasiness in the cardiac region, nor colic, nor constipation in the intestines.

Chloride of iron has also given M. Barudel some remarkable results in the treatment of urethritis, both acute and chronic. In the acute form the author ordered, three times a day, urethral injections composed of 10 grammes (the gramme is gr. 15.43) of iodide of lead, suspended in 100 grammes of distilled water, at the same time that he administered the following potion:

R—Distilled water, 60 grammes,
Perchloride of Iron (at 30°) 20 drops,
Simple Syrup, 15 grammes.

To be taken every two hours; continue this medicine for ten days.

In the chronic form the internal treatment is just the same. The injection of iodide of lead is replaced by the following:

R—Perchloride of Iron (at 30°) 25 drops,
Distilled water, 100 grammes.

Make three injections a day, taking care to keep the liquid in the canal for ten minutes.

If the pain produced by this injection is too acute, or lasts too long, it may be followed by two or three injections of cold water, and the patient should be allowed to rest a day.

This treatment has never produced any kind of accident. In general, at the end of three days there is marked improvement, and by the fifteenth day of its use the cure is complete. M. Barudel joins with it a strengthening diet and cooling drinks, such as milk and flaxseed tea with nitre.—*Bullet. Gen. de Therapeut.*, May 15, 1858.

—Dr. A. Mercer Adam continues his sketches of Universities, Hospitals, &c., of the Continent, in the Edinburgh Medical Journal, from which we have already made extracts. We present our readers this month his account of the University of Bonn and some of its world-renowned professors.

I know no pleasanter town in Germany than Bonn on the Rhine. At the very portals of the magnificent scenery which opens out as we pass the *Siebengebirge*, the “castled crag of Drachenfels,” and the romantic ruins of Rolandseck, it lies in a pleasant, fertile valley, surrounded by

“Hills all rich with blossomed trees,
And fields which promise corn and wine.”

It is well built, with wide streets and open squares, which are quite devoid of the close, indescribable smells so common in many German towns, and through which the fresh, pure air circulates so freely, that one always feels in good health and spirits during a residence here. Its university ranks as the second in eminence in Prussia; and the names of its late professors, Niebuhr and Schlegel, as well as of such living teachers as Jahn, the philologist; Bischof, the chemist; Helmholtz, the physiologist; Wutzer and Busch, the surgeons; Kilian, the obstetrician; and Böcker, the pharmacologist—have given it a very widely-spread reputation throughout Europe. It was founded in 1818, by the King of Prussia, and owes its celebrity in no small degree to the great discrimination which the government has always shown in the selection of its professors, and in the maintenance of a high standard of discipline among its students. Most of the Prussian nobility send their sons to Bonn for their education; and, as is well known, the Prince Consort of England studied here when a young man, and it is said that one of our young English princes is shortly about to follow his father's example. The university occupies a splendid range of buildings, which was built as the palace of the Electors of Cologne, in 1730, and was formerly occupied by them as a court residence. It contains spacious lecture rooms, a library of about 150,000 volumes, and a fine academical hall, which is decorated with frescoes. Behind the university, in the *Hof-Garten*, stands the handsome anatomical building, which contains the dissecting rooms, the anatomical museum and lecture room. Professor Helmholtz has also a lecture room in it, in which there is a solar microscope by Chevalier, and in which the

windows and doors are arranged so as to enable the observer working at the instrument to regulate the amount of light admitted into the chamber. There is also a room here full of very curious skulls, exhumed from the old Roman camps in the vicinity of Bonn—the so-called "Castra Bonnensia."

One of the most interesting men in Bonn is unquestionably Professor Helmholtz, the inventor of the Eye-Speculum—an instrument which has opened a new era in scientific ophthalmology. When this little instrument was first invented, many looked upon it merely as an ingenious continental toy, which was destined to play no important part in the practical treatment of disease; but, on the contrary, in the hands of every truly scientific oculist, it has now become absolutely indispensable for the correct diagnosis of affections of the eye. Thus Arlt at Vienna, Grafe of Berlin, and Donders of Utrecht, use it constantly in their examinations of patients, and look upon those who pretend that they can treat ophthalmic affections without its aid as little better than charlatans.

Helmholtz has for some years been Professor of Physiology in Bonn, but he has recently been elected to a chair in the University of Heidelberg, and probably ere this he has left Bonn to make arrangements for commencing his lectures during the ensuing winter. In appearance, he is one of the most striking men that I have met on the Continent. He is still quite young, probably between thirty and forty, with a very intellectual countenance, a lofty brow, thin lips, and deep, restless, black eyes. He is very dark, and resembles an Italian more than a German in his general *physique*. He is a very accomplished man in every respect, and is said to be one of the best mathematicians, as well as one of the best physiologists, in Germany. He treats every subject with which he is engaged, in a most masterly and philosophical spirit, and investigates all things independently for himself, never resting content with the traditions of the elder physiologists. In the course of conversation with him, I found that he was particularly interested in the able researches of Professor George Wilson, of Edinburgh, on the subject of color-blindness. He said that he had repeated many of Professor Wilson's experiments, but had experienced great difficulty in doing so, on account of the rarity of color-blind people in Germany. He told me of one very curious case of color-blindness which had come under his observation, in which the person recognized a greater difference of color between two shades of green—produced by Scheele's green (arsenite of copper) and sap-green, which seemed very slightly dissimilar to ordinary eyes—than between the two colors of green and red. Helmholtz also suggests the propriety of further investigations being made by means of spectral colors; a hint which I would commend to the attention of the talented Professor of Technology.

Another scientific physician in Bonn, whose works have of late years attracted much attention, is Dr. Böcker, *Kreis-Physikus*, and lecturer on Pharmacology and on Medical Jurisprudence. This gentleman is distinguished for the numerous series of elaborate experiments which he has performed, chiefly on his own person, to show the effects of

water, tea, coffee, wine, and also of various drugs, on the animal economy. The results which he thus obtained form a very important contribution to our scientific knowledge of dietetics and pharmaceutics. Thus he has shown that tea and coffee are by no means unimportant dietetic agents, inasmuch as, by their influence, destructive metamorphosis of tissue is temporarily arrested, and so there is positive gain to the economy, as well as actual saving of more expensive articles of food, by their use. So also with wine and beer—he has shown by these experiments that the arguments of the teetotalers, against the moderate use of such stimulants, are incorrect; and that, instead of every glass of wine or tumbler of beer being so much poison imbibed, they are in reality life-sustaining agents of high therapeutic value, when thus taken at the proper time, and in moderate quantities, by a man exhausted in mind or body.

His most recent pharmaco-dynamic experiments, which, I believe, are as yet unpublished, have been made with sarsaparilla. He informed me that, after carefully performing ninety-eight experiments with this drug on healthy people, he found that, contrary to all our usually received opinions on this subject, it possesses neither diuretic nor diaphoretic properties. Another series of twenty-six experiments, on the persons of uncured syphilitic patients, gave exactly the same results. Böcker also satisfied himself that sarza does not increase the efficacy of the agents, such as iod., potass., etc., which are usually given along with it; and that the good results obtained by the administration of this salt, dissolved in decoction of sarza, are in no degree attributable to any virtue in the solvent fluid. I told Dr. Böcker that I remembered hearing Professor Syme, many years ago, express his opinion on the utter uselessness of so expensive a drug as sarza—remarking, in his own quaint, forcible style, that he believed an “infusion of hay” would be just as good, and a vast deal cheaper. He seemed amused, and said that he entirely agreed with Syme—that infusion of sarza had no greater effect on the system than so much common tea; and that we must regard it merely as a pleasant, but very expensive vehicle for the administration of other medicines. If this be so, why should the expenditure for this costly drug form so large an item in the accounts of our public hospitals?

In practical surgery, there are two excellent professors in Bonn—the one is Busch, the teacher of systematic and clinical surgery; the other is the veteran Wutzer, the inventor of the operation which bears his name, who lectures on wounds and herniæ.

The Clinical Hospital immediately adjoins the University, but it is not of any size, possessing only about ninety beds. About forty beds are devoted to the reception of the surgical and ophthalmic patients under the care of Professor Busch, who is a pupil and follower of the eminent Langenbeck, of Berlin. He has attained considerable celebrity by his successful treatment of ankylosed joints, by means of Langenbeck's method of forcible extension—the limb being thereafter put up in plaster of paris bandage—(*gypsum verband*). I saw many interesting cases in his wards, in which very successful results had followed this operative proceeding—the deformity being in a great meas-

ure removed, and a wonderful degree of mobility restored. The professor particularly directed my attention to the case of a boy, whose history was this:—He had met with an accident which had occasioned dislocation of the radius, and fracture of the ulna. The dislocation had never been properly reduced, so that the projecting head of the radius was always breaking through the skin; and the union which took place at the site of the fracture had caused great curvature of the ulna, and consequent deformity. To remedy this state of matters, Professor Busch performed resection of the joint—cutting off the projecting head of the radius; and having tried ineffectually to fracture again the ill-united ulna, he divided it subcutaneously by means of a saw. He afterwards put up the arm in the plaster bandage, and in this state I saw the little patient, doing very well. Prof. B. informed me that he intended by and by to bend the joint, so as to give it a certain degree of useful mobility. I saw two patients in whom amputation at the ankle-joint had been performed, by Pirogoff's modification of Syme's operation, which many of the German surgeons prefer to Syme's original mode, thinking that it affords a better stump. I have never seen any stumps, however, by this operation, which were neater or better than those made by Mr. Syme. And here I may observe, that by surgeons, everywhere throughout Germany, the name of Syme is held in the highest honor, and his operations are regarded as among the greatest advances of modern surgery.

— We learn as we are going to press that the distinguished physician and pathologist, Dr. Richard Bright, of London, is deceased. He died about the middle of December, after a very short illness. The *Medical Times and Gazette* of December 18th, from which we take this announcement, does not mention the cause of death.

— MM. Gosselin and Jarjavay have been recommended to the Minister of Public Instruction, by the Faculty of Paris, as candidates for the Chairs of Surgical Pathology, and of Anatomy respectively.

— At the opening of the School of Medicine in Paris, Prof. Grisolle pronounced a eulogy upon M. Chomel, which, it is said, was one of the best written, and one of the most tasteful discourses of the kind which has been heard upon a similar occasion for a long time. M. Grisolle was a pupil of the late M. Chomel, and an ardent admirer of the qualities of head and heart which elevated this distinguished teacher to the very highest rank among the medical men of his country and of the world.

— A new anæsthetic, called Acetone, has been introduced in London. It is not so disagreeable as amylyne. It is less durable in its action than amylyne or chloroform. It mixes with water, and can be used in damp warm sponges, and does not spoil with keeping.

— *The New York Medical Press* is the title of a new medical journal which has made its appearance in this city during the last month. It is edited by Drs. J. L. Kiernan and W. O'Meagher. It is published every Saturday, at Three Dollars a year, and contains 16 large octavo pages. It supplies a place in the medical literature of this city which can be reached in no other way. Reports of cases occurring at the College Cliniques, Hospitals, and Dispensaries comprise the contents of the numbers we have already seen. It is well printed, on good paper, and its appearance is highly creditable to the projectors. We understand its success is already *un fait accompli*. We cordially welcome the new journal, while we sympathize with the editors in the trials and labors of their new vocation.

Books and Pamphlets Received.

The History of Prostitution: Its extent, causes, and effects throughout the World. By W. W. Sanger, M.D., &c. New York: Harper & Brothers, 1858.

Brief Expositions of Rational Medicine; to which is prefixed the Paradise of Doctors, a Fable. By Jacob Bigelow, M.D., &c. Boston: Phillips, Sampson & Co., 1858.

Transactions of the Third Session of the Medical Society of the State of California, convened at San Francisco, February, 1858, pp. 168.

The New American Cyclopaedia: A popular Dictionary of General Knowledge. Edited by George Ripley and Charles A. Dana, Vol. IV. Brownson—Charles. New York: D. Appleton & Company, 1858.

Proceedings of the American Pharmaceutical Association, at the Seventh Annual Meeting held in Washington, D. C., Sept., 1858. Philadelphia, 1858.

The Science and Art of Surgery. Being a Treatise on Surgical Injuries, Diseases, and Operations. By John Erichsen, Prof., &c. Philadelphia: Blanchard & Lee, 1859.

A Practical Treatise on the Diseases of Children. By D. Francis Condie, M.D., &c., &c. Fifth Edition, revised and enlarged. Philadelphia: Blanchard & Lee, 1858.

A Treatise on the Venereal Disease. By John Hunter, F. R. S., with copious additions by Dr. Philip Ricord, &c. Translated and Edited, with notes, by Freeman J. Bumstead, M.D., &c. Second Edition, revised, containing a résumé of Ricord's recent lectures on Chancroid. Philadelphia: Blanchard and Lea, 1859.

Syllabus of the Course of Lectures on Medical Logic, delivered in Marischal College and University, Aberdeen. By Francis Ogston, M.D., Prof. of Medical Logic and Medical Jurisprudence. Edinburgh: MacLachlan and Steward, 1858.

Leçons sur le Traitement des Tumeurs Hémorroidales par la méthode de l'Erastement Linéaire. Par M. E. Chassaignac, &c. Paris: J. B. Baillière et Fils, 1858.